

Case Number:	CM15-0121582		
Date Assigned:	07/02/2015	Date of Injury:	02/26/2013
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old female who sustained a work related injury February 26, 2013. While lifting a heavy tray of cheese onto a shelf, she felt a pop in her wrist and a snap in her right shoulder. Past history included s/p right shoulder arthroscopic rotator cuff repair and decompression March 5, 2015, asthma, gastroesophageal reflux syndrome, and obesity. According to a primary treating physician's progress report, dated April 22, 2015, the injured worker presented s/p surgery with pain in the right shoulder. There is positive shoulder impingement, decreased sensation, right hand, decreased range of motion of the right shoulder by 30% in all planes with spasm. Some handwritten notes are difficult to decipher. Physician noted an evaluation performed by another physician (March 27, 2015 report present in the medical record) regarding the right wrist, with recommendation of an MRI to be performed for possible TFCC (triangular fibrocartilage complex) injury. Diagnoses are checked on list as chronic myofascial pain syndrome; chronic rotator cuff syndrome; right wrist pain. At issue, is the request for authorization for an MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

Decision rationale: The ACOEM chapter on wrist complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection. Or carpal tunnel syndrome. The patient does not have signs per the documented physical exam of carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for wrist MTI have not been met and the request is not certified.