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| Case Number: | CM15-0123180 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 11/05/2014 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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(n) 51-year-old male, who sustained an industrial injury on 11/5/14. He reported pain in the left wrist due to repetitive motions. The injured worker was diagnosed as having left carpal tunnel syndrome. Treatment to date has included Tylenol #3, Tramadol, and physical therapy, left carpal tunnel release and a left wrist MRI on 2/9/15 showing extensor carpi ulnaris tenosynovitis. As of the PR2 dated 6/5/15, the injured worker reports left wrist and forearm pain that radiates to the left shoulder. Objective findings include tenderness to palpation in the left forearm and medial elbow and a positive Tinel's sign. The treating physician requested a left wrist MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute & Chronic) - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: This is a request for a wrist MRI in an injured worker who had an MRI of the same wrist on February 9, 2015. Since the prior MRI, the injured worker has been on modified work or off work recovering from carpal tunnel release surgery and there is no mechanism of new or additional injury. The MRI is requested by the primary treating physician rather than the treating surgeon and there is no mention of suspected surgical complication. There is no medical rationale provided for the repeat study, which is determined to be medically unnecessary at this time.