

Case Number:	CM15-0126975		
Date Assigned:	07/13/2015	Date of Injury:	10/20/2011
Decision Date:	08/07/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male patient who sustained an industrial injury on 10/20/2011. The accident was not narratively described in the provided documentation. The patient was employed as a driver and encountered pain over the course of employment. A physical therapy visit dated 11/24/2014 reported treating diagnosis of pain in joint hand and subjective complaint of left wrist pain. Current functional limitations are: lifting, gripping, pushing, pulling and performing activities of daily living. The patient's goal is to reduce pain. The assessment found the patient with moderate soft tissue restrictions noted over the posterior and anterior radio-carpal joint (wrist/digit extensor) with severe joint restrictions. A recent primary treating office visit dated 01/06/2015 reported the following treating diagnoses: cervical spine herniated nucleus pulposus: bilateral carpal tunnel syndrome status post release 10/2014. The patient is prescribed returning to modified work duty. He is utilizing a topical compound cream and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, hand, and wrist chapter, MRI section.

Decision rationale: MRI is recommended for acute hand or wrist trauma in which radiographs are normal and fracture is suspected or if wrist pain is chronic in order to rule out suspected tumor. In this case, the clinical notes are handwritten and illegible, making it difficult to assess the medical necessity of the request. It appears the patient has had a prior carpal tunnel release, and an EMG/NCV of the upper extremity has also been requested. Given the lack of evidence to support MRI in this case and unknown results of the nerve conduction study, based the provided records, the request is not medically necessary at this time.