

Case Number:	CM15-0065014		
Date Assigned:	04/13/2015	Date of Injury:	09/16/1998
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/06/2015

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: New Jersey

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 52 year old female, who sustained an industrial injury on 09/16/1998. Currently, the injured worker complains of right wrist pain. She reported marked improvement of the pain in the right shoulder following surgery. She was mostly troubled by the pain in her right wrist. Despite cortisone injections, there was no improvement. X-rays of the right wrist demonstrated mild CMC joint arthrosis. Diagnoses included right wrist pain and right flexor carpi radialis tendinitis. The provider noted that the injured worker had failed non-operative care including splinting, anti-inflammatory medications and multiple cortisone injections. Treatment plan included MRI scan of the wrist to determine the cause of her chronic pain. She was temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as MRI are not needed until after a four to six week period of conservative care and observation. Special imaging studies may be considered in cases of suspected fracture, ligament rupture, recurrent ganglion, suspected infection or autoimmune disease. In the case of this worker, there was a diagnosis of persistent tendinitis which was treated with both conservative and surgical treatments. The only finding recorded regarding the right wrist in recent notes was tenderness over the flexor carpi radialis tendon and the base of the thumb. Recent X-rays of the area showed arthritis of that area. There was no evidence to suggest any other diagnosis other than the ones already assigned, and therefore, an MRI study of the area is not likely going to aid in any other diagnosis or treatment option, and is not medically necessary.