

Case Number:	CM15-0065977		
Date Assigned:	04/13/2015	Date of Injury:	11/09/2013
Decision Date:	05/18/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 49 year old female, who sustained an industrial injury on 11/09/2013. She reported cumulative injury to the left wrist. Diagnoses include rule out left wrist ligament tear and fibrocartilage tear, rule out left carpal tunnel syndrome and ulnar nerve entrapment neuropathy. Treatments to date include anti-inflammatory medication and physical therapy. Currently, she complained of left wrist pain with difficulty gripping, grasping, holding and manipulation objects with her left hand. There was associated numbness and tingling documented. On 2/25/15, the physical examination documented tenderness with palpation and a positive Phalen's test bilaterally. The plan of care included an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), 2011.

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

Decision rationale: This injured worker's date of injury is 11/09/2013. The patient's injuries arose from repetitive injury and strain. The patient underwent an MRI of the L wrist imaging on 02/27/2014. This exam showed an extensor carpi ulnaris tenosynovitis, a tear in the triangular fibrocartilage complex, and a scapholunate ligamentous sprain. An additional imaging study followed this one, an MR arthrogram. This was read as normal. There are no new work-related injuries documented. The documentation does not make clear the rationale for requesting a third L wrist magnetic resonance imaging study. The MRI of the wrist is not medically necessary.