

Case Number:	CM15-0097330		
Date Assigned:	05/28/2015	Date of Injury:	06/06/2014
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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 56-year-old female, who sustained an industrial injury on June 6, 2014. She reported immediate pain in the right shoulder, low back, and right knee. The injured worker was diagnosed as having rule out intracarpal ligament tear of the right wrist. Treatment to date has included work modifications and medications including pain, anti-epilepsy, and non-steroidal anti-inflammatory. On March 30, 2015, the injured worker complains of intermittent, sharp right hand and wrist pain in the volar wrist and palm pain that depend on activity such as prolonged or forceful gripping. The pain originates in the shoulder and extends along the arm to the hand. There is occasional ring and small finger numbness and tingling. Her work status is temporarily totally disabled. The physical exam revealed normal right wrist range of motion, no tenderness of the right wrist and hand, and decreased sensation to light touch in the right small finger. Jamar Dynamometer readings: right hand (dominant) 13/11/10 kg and left hand 18/16/14 kg. The right wrist and finger abduction strength was normal. X-rays of the right hand and wrist were obtained in the office during this visit, which revealed unremarkable findings. The treatment plan includes an MRI of the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand,(updated 03/09/15) - Online Version, MRI (Magnetic Resonance Imaging).

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. Therefore, criteria set forth by the ACOEM for wrist MRI have not been met and the request is not medically necessary.