

Case Number:	CM15-0097511		
Date Assigned:	05/28/2015	Date of Injury:	03/22/2013
Decision Date:	06/26/2015	UR Denial Date:	04/23/2015
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 38-year-old male, who sustained an industrial/work injury on 3/22/13. He reported initial complaints of left wrist pain. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included medication, diagnostics, and surgery (carpal tunnel release on 3/20/14). Currently, the injured worker complains of left wrist pain and popping as well as low back pain, and left leg pain. Per the primary physician's progress report (PR-2) on 4/7/15 examination revealed lumbar tender paraspinals, bilaterally at L4-S1, range of motion at 80 degrees with pain, straight leg raise on left positive, sciatic notch tenderness, decreased dermatome sensation at L5. Current plan of care included left wrist MRA and lumbar MRI. The requested treatments include MRA (magnetic resonance arthrography) of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (magnetic resonance arthrography) of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 and the patient already has the diagnosis of carpal tunnel syndrome. Therefore, criteria set forth by the ACOEM for wrist imaging has not been met and the request is not medically necessary.