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## Independent Medical Review Final Determination Letter

[REDACTED]  
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[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/24/2013

<b>IMR Case Number:</b>	CM13-0017860	<b>Date of Injury:</b>	1/14/2010
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	8/9/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/28/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	MRI Rt Wrist		

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 60 year old female injured on January 14, 2010 who sustained an injury to the right upper extremity. The clinical note of August 28, 2013 indicates a chief complaint of right wrist and shoulder pain with intermittent numbness and tingling of the hand. Objectively the wrist was with tenderness to palpation of the distal ulnar joint with a positive Tinel sign. The elbow was with tenderness over the lateral epicondyle. The claimant's diagnosis specific to the hand and wrist were of a sprain and to rule out internal derangement. An MR Arthrogram was recommended for the wrist and the shoulder at that time for further diagnostic assessment. The previous testing includes August 23, 2013 electrodiagnostic studies that were abnormal demonstrating entrapment neuropathy at the median nerve of the right wrist consistent with moderate carpal tunnel syndrome; no other imaging specific to the wrist is noted.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. MRI RT Wrist is medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM guidelines and Official Disability Guidelines.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, MRI section.

The Physician Reviewer's decision rationale:

When looking at the Official Disability Guidelines criteria the MR Imaging of the right wrist would be supported. The Official Disability Guidelines would indicate the role of MR Imaging

of the wrist in the chronic situation with plain film radiographs for which further bony or ligamentous assessment would need to take place. The claimant continues to be symptomatic with positive examination findings consistent with pain. The claimant was recently diagnosed with moderate carpal tunnel syndrome; the finding of pain would not be consistent with that diagnosis. The role of MR Imaging at this stage in clinical course appears to be warranted. Based on lack of prior imaging for review.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



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