

Case Number:	CM13-0001641		
Date Assigned:	11/08/2013	Date of Injury:	01/01/2013
Decision Date:	03/18/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/15/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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.

CLINICAL CASE SUMMARY

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

This patient reported a date of injury of 01/01/2013. The listed diagnoses per [REDACTED] dated 05/24/2013 are: 1) Bilateral carpal tunnel syndrome (median nerve entrapment at wrist), 2) tendonitis/bursitis of the hand/wrist. According to progress report dated 05/24/2013 by [REDACTED], the patient complains of constant severe pain described with numbness, tingling, cramping sensation of the bilateral wrists and hands. The pain was aggravated by making a fist. She states that her pain is worse in the morning and is worse on the right than the left. Physical examination shows bilateral upper extremities are within normal limits. There was a +3 spasm and tenderness to the bilateral anterior wrists, bilateral thenar eminence, and bilateral wrist flexors and extensor muscles midâ¿¿belly. Range of motion for both wrists is decreased with pain. Tinel's test was positive bilaterally. Finkelstein's was positive bilaterally. Physician is requesting a 3-D MRI of the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Low Back, CT scan

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC MRI of wrist (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm)

Decision rationale: This patient presents with chronic bilateral wrist pain and hand pain. Physician is requesting a 3-D MRI of the bilateral wrists. Utilization review dated 06/27/2013 denied the request, stating that the guidelines did not recommend 3-D MRI scans. MTUS, ACOEM, ODG guidelines do not specifically discuss 3-D MRIs for wrists. The treating physician does not provide any evidence as to why a 3-D MRI is needed in this case. For conventional MRI, ODG guidelines recommend an MRI for suspected tumor or kienbock's disease, in this patient, neither is suspected nor discussed. There is no evidence-based medical benefit to obtaining a 3-D MRI versus a standard MRI. It appears that this advanced technology may require additional controlled clinical trials. Recommendation is for denial.