

Case Number:	CM13-0009308		
Date Assigned:	03/03/2014	Date of Injury:	12/14/2004
Decision Date:	05/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 57-year-old female who was injured in a work related accident on December 14, 2004 and sustained an injury to the bilateral hands and wrists. At present there are current complaints of pain about the right wrist with recent clinical records indicating a prior carpal tunnel release to the right wrist on March 29, 2013. Postoperative electrodiagnostic studies were performed due to continued complaints of symptoms on August 30, 2013. The report revealed mild right wrist median sensory neuropathy at the region of the carpal tunnel. Prior to this assessment of July 25, 2013 a previous assessment with the treating surgeon indicated the claimant had recently undergone an ultrasound guided injection to the carpal tunnel with two days of temporary relief with objective findings demonstrating positive Tinel and Phalen's testing and diminished sensation to all digits. Diagnosis was that of residual carpal tunnel syndrome status post release. At the time of electrodiagnostic studies, an MRI scan of the right wrist was also recommended for further diagnostic interpretation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT 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 ODG: forearm, wrist, and hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to Official Disability Guidelines' criteria, the role of an MRI scan in the setting of carpal tunnel syndrome would not be supported. Guidelines indicate that MRI scan for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. The claimant's clinical picture as well as electrodiagnostic studies performed was highly consistent with resolving carpal tunnel syndrome following surgical release. The need for MRI scan in absence of further clinical finding would not be indicated. The request is not medically necessary and appropriate.