MAXIMUS Federal Services

Case Number:	CM13-0028440		
Date Assigned:	11/27/2013	Date of Injury:	01/11/2013
Decision Date:	01/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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. 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 patient is a 56-year-old female who reported an injury on 01/11/2013. The mechanism of injury was due to repetitive job duties. It was noted that the patient was status post carpal tunnel release of the left wrist with residual pain, numbness, tingling, and weakness. Objective findings include decreased range of motion of the left wrist, positive Tinel's, positive Phalen's, pain with squeeze test at the distal radial and ulnar junction, and positive 2 point discrimination. Her diagnosis is listed as status post left wrist carpal tunnel release with residual. A treatment plan noted that an MRI with arthrogram of the left wrist was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MR arthrogram of the left wrist between 9/9/2013 and 10/24/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

Decision rationale: The Physician Reviewer's decision rationale: According to ACOEM Guidelines for general forearm, wrist, and hand complaints, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. More specifically, Official

Disability Guidelines state that MRIs for patients with carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. The patient was noted to have had an appointment on 07/23/2013 and complained of subjective symptoms related to her left wrist, there were also significant objective findings, and a plan was noted to continue physical therapy treatments 2 times a week for 5 weeks as the patient had reported physical therapy treatments helping decrease her pain. Additionally, electrodiagnostic studies were done on 09/12/2013 and the results showed status post operation for left carpal tunnel syndrome, and the status of the median nerve was noted to have improved with regard to neurodiagnostics since the pre-operative study. The electrodiagnostic testing showed that the patient's symptoms had improved since surgery, and it was noted that she was getting benefit from physical therapy; however, it is not known whether the patient had completed 4 weeks to 6 weeks of physical therapy as recommended prior to further studies. The request is not supported. Therefore, the requested service is non-certified.