

Case Number:	CM13-0036598		
Date Assigned:	12/13/2013	Date of Injury:	10/01/2010
Decision Date:	05/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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, 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 injured worker is a 47-year-old female who reported an injury on 10/01/2010. The mechanism of injury was the injured worker was opening cartons and felt pain at both wrists. The documentation of 09/05/2013 revealed the injured worker had full active and symmetric range of motion to the bilateral upper extremities. The sensation was intact to light touch. There was mild edema in the dorsal aspect of the injured worker's bilateral wrists with generalized tenderness to palpation and a minimal degree of warmth. The injured worker had right hand multiple trigger fingers released including the thumb, index, long, ring, and small finger, and a flexor tenosynovectomy. The diagnosis was mononeuritis of upper limb and mononeuritis multiplex. The plan was an MRI of the bilateral wrists to assess for tenosynovitis versus ganglion cyst. The injured worker had an EMG/NCV on 01/28/2011 which revealed slowing of the median nerve conduction across both wrists, 40% below the lower limit of normal on the right and 15% below normal on the left. The conclusion was bilateral carpal tunnel syndrome, more severe in the right wrist. There was no evidence of superimposed cervical radiculopathy, brachial plexopathy or focal ulnar neuropathy or to otherwise explain symptoms. Additionally, it was indicated as wrist splinting and changes in ergonomics do not relieve the injured worker's symptoms, carpal tunnel surgery could be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The ACOEM Guidelines indicate that magnetic resonance imaging is not recommended to diagnose tenosynovitis or ganglion cysts. The documented rationale indicated the physician wanted testing to determine which diagnosis may be the cause of pain. There is a lack of documentation of exception factors to warrant non-adherence to guideline recommendations. The electrodiagnostic studies indicated the injured worker had carpal tunnel syndrome. Given the above, the request for MRI of the bilateral wrists is not medically necessary.