

Case Number:	CM13-0043440		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2012
Decision Date:	04/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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 Surgeon, and is licensed to practice in Georgia and 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 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 patient is a 22-year-old female who suffered a work-related injury on 9/30/12. The mechanism of injury was cumulative work-related trauma. On 3/26/13, the patient had a left carpal tunnel release, median nerve neurolysis, and the application of short-arm splint. An EMG/NCV dated 1/15/13 revealed abnormal electrodiagnostic study of the left upper extremity consistent with a left mild carpal tunnel syndrome. The patient reported on 7/15/13 unexplained pain of the left wrist as well as pain with activities and takes prescribed Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM guidelines state that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The patient reported unexplained pain of the left wrist on

7/15/2013, as well as pain with activities. She takes Relafen. There is no recommendation for or against the use of MRI for diagnosing carpal tunnel syndrome, and the documentation submitted for review did not indicate any neurological compromise or worsening symptoms as evidenced by good range of motion on physical examination. In addition, an electrodiagnostic study of the left upper extremity had already corroborated a left mild carpal tunnel syndrome. As such, the request is non-certified.