

Case Number:	CM13-0049401		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2008
Decision Date:	08/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of July 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of occupational therapy; and earlier wrist arthroscopy in August 2010. In a Utilization Review Report dated October 21, 2013, the claims administrator denied a request for MRI imaging of the wrist. The claims administrator based its denial on lack of updated progress notes. The applicant's attorney subsequently appealed. In an October 30, 2013 progress note, the applicant was given diagnoses of bilateral hand and wrist pain with presumptive bilateral carpal tunnel syndrome. 9/10 hand and wrist pain was noted bilaterally. It was stated that the attending provider was seeking authorization for MRI imaging of the wrist to rule out a triangular fibrocartilage tear about the same. Diminished grip strength was noted about the right hand, with 2 to 4 pounds of strength noted versus 10 pounds of strength noted about the left hand. Overall information provided was quite scant. Wrist braces were noted. The applicant had positive Tinel and Phalen signs about the bilateral wrists, it was stated.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome Chapter.

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

Decision rationale: The bulk of the information on file and the applicant's clinical presentation, including positive Tinel and Phalen signs, suggest that the primary operating diagnosis here is bilateral carpal tunnel syndrome. As noted in the ACOEM Guidelines, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the issue reportedly present here. No rationale for selection of the MRI imaging study was sought, despite the fact that ACOEM does not deem it the study of choice for establishing a diagnosis of carpal tunnel syndrome. The overall documentation was sparse. Therefore, the request is not medically necessary and appropriate.