MAXIMUS Federal Services

Case Number:	CM13-0050505		
Date Assigned:	12/27/2013	Date of Injury:	05/11/2010
Decision Date:	02/26/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Practice and is licensed to practice in Utah. 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 51 year old male, who is right hand dominant. He noted in May 2010 of a gradual onset of pain in arms, hands, and wrist due to performing his usual job duties. He was diagnosed with Carpal Tunnel Syndrome, sprains, and status post carpal tunnel release in February 2013. He has been taking medication for his pain. The initial notes in March 2013 stated that patient was doing well, and that the post surgical period was unremarkable. Notes of August 2013 showed occasion pain in the upper extremities, bilaterally, that radiated from the neck and upper arms. His physical exam showed decrease cervical motion, with tenderness of the paraspinal muscles of the neck, a normal should and elbow exam. Tenderness was noted over the Right wrist, with decrease grip strength. Upper extremity strength was noted as 5/5, neurologically intact. X-Rays were performed of the wrist/hand and were determined to be normal appearing. He was diagnosed with Carpal tunnel syndrome with residuals. MRI was requested to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist/hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand; Treatment in Worker's Compensation 18th Edition, 2013: Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, MRI indication for MRI

Decision rationale: The current request is for MRI of the wrist/hand. There are no clear MTUS guidelines that can be applied to this case. Official Disability Guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. The clinical notes did indicate an increase with pain several months after surgical intervention of the carpal tunnel. The pain was described through the neck, upper arms and extremities. According to the notes provided, the patient was noted to have normal motor function as well as sensation in the upper extremities. Due to the lack neurological change, lack of progressing neurological symptoms of the hand and wrist, and clinic exam performed and documented. There is no indication for further MRI testing at this time; MRI is deemed not medically necessary at this time.