

Case Number:	CM13-0051823		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2013
Decision Date:	08/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/14/2013

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 Surgery, 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 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 injured worker is a 56-year-old female whose date of injury is 01/11/13. The records indicate that she sustained injuries to the bilateral wrists/hands due to repetitive job duties. The injured worker is status post left carpal tunnel release on 04/25/13. Electrodiagnostic testing on 09/12/13 reported evidence of severe right carpal tunnel syndrome and surgical decompression was suggested. Progress report dated 10/08/13 noted that the injured worker presented with subjective complaints of pain right greater than left wrist and hand. On examination, there was decreased range of motion of the cervical spine; positive Spurling's; spasms and tenderness of cervical paraspinal muscles, levators and trapezius. Bilateral wrist examination revealed decreased range of motion; positive Phalen's; positive Tinel's; pain at distal radial ulnar junction; 2-point discrimination of all bilaterally; hypoesthesia of upper extremity at C6 through T1 levels; upper extremity strength 3/4 on the right and 4/5 on the left at wrist flexors, extensors, biceps and triceps. Cortisone injections were given bilateral wrists on this date, with plan for right carpal tunnel release (and then left) if injured worker remains symptomatic after injection. Medications were refilled including Anaprox, Flexeril, Ultracet, and Prilosec. Authorization was requested for MRI scans of cervical and lumbar spine as well as bilateral wrist and hand to rule out herniated disc and tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, MRI's (magnetic resonance imaging); Forearm, Wrist, & Hand, MRI's (magnetic resonance imaging).

Decision rationale: The Current evidence-based guidelines do not support the use of MRI for carpal tunnel syndrome unless electrodiagnostic studies are ambiguous. In this case, electrodiagnostic testing clearly indicated findings of severe right carpal tunnel syndrome. Physical examination findings also were consistent with carpal tunnel syndrome. There was no evidence of acute wrist trauma, and there were no physical examination findings consistent with triangular fibrocartilage or intraosseous ligament tears, occult fractures, avascular necrosis or other abnormalities that would support the need for MRI. No plain radiographs of the right wrist were documented. Based on the clinical information provided, medical necessity is not established for MRI of the right wrist. Therefore, the request is not medically necessary.