

Case Number:	CM13-0051977		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2008
Decision Date:	03/13/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 61 year old female with date of injury 08/20/08. The listed diagnoses per [REDACTED] dated 09/24/13 are: 1. Carpal tunnel syndrome 2. Entrapment neuropathy of upper limb 3. Cervical radiculopathy According to progress report dated 09/24/13 by [REDACTED], the patient complains of neck and left upper extremity pain. Her pain level has increased since her last visit. She rates her wrist pain 10/10. Pain causes difficulty with brushing teeth, taking shower, dressing, holding objects and wiping her bottom. Objective findings show limited range of motion of the cervical spine due to pain. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. Left wrist joint reveals no erythema, swelling, symmetry, atrophy or deformity. Range of motion is restricted with ulnar deviation limited to 10°. Tenderness to palpation is noted over radial side and positive Finkelstein and Tinel's at the wrist. Treater is requesting an MRI of the left wrist without contrast.

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 without contrast: 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) ODG-Treatment for Workers' Compensation (TWC)-Forearm, Wrist and Hand Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines page 268. Additionally, Official Disability Guidelines ODG-TWC guidelines have the following regarding MRI of wrist:

Decision rationale: This patient presents with chronic neck and left upper extremity pain. Treater is requesting an MRI of the left wrist without contrast. Progress report dated 09/24/2013 by [REDACTED] showed no erythema, swelling, symmetry, atrophy or deformity of the wrist. Nerve conduction studies dated 11/05/2013 showed no evidence of peripheral neuropathy, nor any mononeuropathy affecting the left upper limbs. ACOEM guidelines p268 states that "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation." For chronic wrist pain, ODG guidelines explain that an MRI of wrist would be indicated when X-rays are normal but soft tissue tumor or Kienbock's disease where avascular necrosis of a carpal bone is suspected. In this case, such there is neither a suspicion for tumor or disruption of blood flow. Recommendation is for denial.