

Case Number:	CM13-0057114		
Date Assigned:	04/16/2014	Date of Injury:	03/08/2012
Decision Date:	07/15/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine and is licensed to practice in New York. 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 28 year old female who was injured on 03/08/2012. The mechanism of injury is unknown. Her diagnoses include impingement syndrome of the right shoulder with tendonitis, medical and lateral epicondylitis of the right elbow and s/p right carpal tunnel release. Diagnostic studies reviewed include Electrodiagnostic study dated 12/06/2012 of the median ulna and radial nerves revealed no evidence of entrapment neuropathy on the right median, ulnar or radial nerves. No evidence to support motor radiculopathy in the right upper extremity. The progress note dated 08/12/2013 orthopedic examination of the right shoulder revealed tenderness of the subacromial region. Abduction is to 155 degrees. Internal rotation is to 40 degrees. Impingement sign is positive. The right elbow has tenderness of the lateral and medial epicondyles. There is full range of motion. Tinel's sign is negative at the ulnar nerve. The scar of surgery at the right wrist has healed satisfactorily. There is residual paresthesia in the distribution area of the median nerve. The treating provider has requested MRI of the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Carpal Tunnel Syndrome Chapter: MRI).

Decision rationale: There is no documentation provided necessitating the requested MRI studies. The patient is s/p right carpal tunnel release. The medical records document normal electrodiagnostic studies. Patient has had CTS release surgery with normal EDS and the clinical findings do not document any clinical diagnostic findings of CTS bilaterally. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, medical necessity for the requested service has not been established. The requested service is not medically necessary.