

Case Number:	CM13-0058358		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2013
Decision Date:	05/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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, Colorado, Michigan, Pennsylvania and 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 patient is a 50-year-old female who was injured on January 15, 2013. The patient reports that she sustained injuries while performing her customary job duties. She complains of pain in her neck, shoulders, and bilateral upper extremities including her hands and wrists, as well as her mid and lower back. Prior treatment history has included therapy, injections, metformin, and glipizide. Diagnostic studies reviewed include x-ray of the right hand dated January 28, 2013 revealed a normal study. X-ray of the left hand dated January 28, 2013 revealed a normal study. X-ray of the right thumb dated January 28, 2013 revealed a normal study. Clinic note dated 10/14/2013 documented the patient to have complaints of a constant moderate pain in the neck, with pain radiating to her bilateral shoulders/arms down to the hands. She has frequent to constant moderate pain in her shoulders, with pain radiating to her arms down to the hands, equal in severity bilaterally. She has constant moderate wrist/hand pain, with pain radiating to her hands, equal in severity bilaterally. she has numbness and tingling in her hands and fingers, equal in severity bilaterally. she has cramping and weakness in her hands and has dropped several objects. Her pain increases with gripping, grasping, flexing/extending, rotation, and repetitive hand and finger movements. Her pain level varies throughout the day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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, Diabetes Chapter and Hand, Wrist and Forearm Chapter

Decision rationale: This patient has multiple conditions that predispose her to peripheral neuropathy and CTS. MRIs are not recommended if the suspect diagnosis is CTS prior to Electrodiagnostic studies. The records state there is a request for Bilateral upper and lower extremities electrodiagnostic studies. The patient's multiple complaints may be associated with her diabetes because there has been poor control and the last HGB A 1c was 10.1 which indicates poor control which puts her at risk for peripheral neuropathy which is not work related. The request for an MRI of the bilateral wrists is not medically necessary or appropriate.