

Case Number:	CM13-0063238		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2012
Decision Date:	05/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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. 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 32 year old female who was injured on 06/25/2012 when she began to experience a lot of pain to her hand, wrist and arms while performing her front office job duties. Prior treatment history has included chiropractic care, physical therapy, and wrist splints. Current medications are Voltaren External Gel 1%. Diagnostic studies reviewed include an EMG/NCV dated 07/30/2012 which revealed the following impression: There is electrodiagnostic evidence of moderate to severe right carpal tunnel syndrome affecting sensory and motor components. There is evidence of left carpal tunnel syndrome affecting sensory and motor components. There is no evidence of right or left ulnar neuropathy at the elbow or at the wrist. There is no evidence of left radial neuropathy. There is no evidence of peripheral neuropathy in the bilateral upper extremities. A progress note dated 11/19/2013 documented the patient to have complaints of pain rated 8/10. She is here for re-evaluation and follow up. The patient has symptoms of muscle weakness. Objective findings on neurological examination revealed deep tendon reflexes bilateral symmetrical biceps 1+, brachioradialis 1+ and triceps 1+. Both arms and hands are tender and painful to touch. There is no skin color change or signs of infection. Both hands gripping are weak, 3-4/10, Phalen's positive bilaterally. A sensory exam revealed diminished sensation in almost both sides of the first three fingers. She has normal range of motion in the neck. Shoulder range of motion is decreased. Diagnoses include wrist joint pain, hand joint pain, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG: Forearm, Wrist & Hand (Acute & Chronic).

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's

Decision rationale: Per the ODG, a hand/wrist MRI is recommended for acute trauma, suspected tumor, or suspected Kienbock's disease. An MRI is not recommended to ascertain the degree of nerve entrapment in carpal tunnel syndrome, which was the stated reason for the request. The patient has symptoms and signs of moderate to severe carpal tunnel syndrome bilaterally corroborated by EMG/NCS. Based on the ODG and the medical records provided for review, an MRI of the left hand/wrist is not medically necessary and appropriate.

MRI OF THE RIGHT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG: Forearm, Wrist & Hand (Acute & Chronic).

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's.

Decision rationale: Per the ODG, a hand/wrist MRI is recommended for acute trauma, suspected tumor, or suspected Kienbock's disease. MRI is not recommended to ascertain the degree of nerve entrapment in carpal tunnel syndrome, which was the stated reason for the request. The patient has symptoms and signs of moderate to severe carpal tunnel syndrome bilaterally corroborated by EMG/NCS. Based on the ODG and the medical records provided for review, an MRI of the right hand/wrist is not medically necessary.