

Case Number:	CM13-0071345		
Date Assigned:	01/08/2014	Date of Injury:	04/04/2012
Decision Date:	04/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/27/2013

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 Orthopedic Surgeon and is licensed to practice in Georgia 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 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 48-year-old male who reported an injury on 04/04/2012. The mechanism of injury was noted to be a fall. His diagnoses include bilateral wrist sprain/strain, and possible carpal tunnel syndrome. His symptoms were noted to include bilateral wrist pain, as well as numbness and weakness in the arms and hands. His medications are noted to include ibuprofen 800 mg and Tylenol. His physical examination findings in the bilateral wrists include slightly decreased range of motion, tenderness to palpation of the bilateral wrists and hands, pain on radial deviation of the bilateral wrists and hands, and grip strength mildly decreased to 3/5 bilaterally. He was also noted to have a positive Tinel's sign of the median nerve, a positive Finkelstein's test, positive Phalen's sign, and a positive bracelet test bilaterally. His treatment recommendations were noted to include MRIs of the bilateral wrists, as well as EMG/NCV studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Wrist/Hands: 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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, MRI's (magnetic resonance imaging).

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies are not needed for patients with hand and wrist problems until after a 4 to 6 week period of conservative care and observation. More specifically, the Official Disability Guidelines state that MRIs are not recommended for suspected carpal tunnel syndrome in the absence of ambiguous electrodiagnostic studies. As the clinical information submitted for review failed to show evidence that the patient has ambiguous electrodiagnostic studies of the bilateral wrists in order to warrant MRI, the request is not supported. As such, the request is non-certified.