

Case Number:	CM14-0000221		
Date Assigned:	01/17/2014	Date of Injury:	09/14/2013
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 27-year-old female who reported an injury on 09/14/2013. She was reportedly mopping when she felt a sharp pain to the right wrist on the side of the thumb. The clinical note dated 10/24/2013, presented the injured worker with right wrist and upper extremity pain, as well as numbness and tingling in her index finger, middle finger, and the thumb. The physical examination of the right wrist reveals swelling and tenderness on the volar aspect of the forearm. Carpal tunnel compression test, Tinel's, and Phalen's tests are all positive. The wrist range of motion to the right side was flexion at 45 degrees, extension at 45 degrees, ulnar deviation at 25 degrees and radial deviation at 15 degrees. The injured worker has a diagnosis of right carpal tunnel syndrome. The injured worker is recommended for an MRI of the right wrist with no contrast. The request for authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - RIGHT WRIST WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), FOREARM, WRIST, AND HAND (UPDATED 05/08/13).

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, MRIS.

Decision rationale: The Official Disability Guidelines do not recommend an MRI in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome (CTS) for the foreseeable future, but an MRI may contribute to the diagnosis of carpal tunnel syndrome (CTS) for patients with ambiguous electrodiagnostic studies and clinical examinations. There is no evidence of an electrodiagnostic study included in the medical documents, and the injured worker has a diagnosis of right carpal tunnel syndrome. The request for an MRI exceeds the guideline limitations. Therefore, the request for a MRI to the right wrist without contrast is non-certified.