

Case Number:	CM14-0001927		
Date Assigned:	01/29/2014	Date of Injury:	11/03/2011
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, 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:

According to the records provided for review, this 57-year-old individual was injured in November 2011. The current diagnosis is noted to be carpal tunnel syndrome. Additional physical therapy records indicate eight sessions of physical therapy have been completed and the therapist requested additional physical therapy in November 2012. The physical therapy notes document a full range of motion of the elbow and wrist. The diagnosis continued to be left carpal tunnel syndrome. The records also note that in March 2012, a surgical release of the right carpal tunnel syndrome was completed. There were ongoing subjective complaints of decreased strength and motor function. Additional physical therapy at that time was not certified. A permanent stationary status was noted and an impairment rating was assigned. An orthopedic consultation was completed in September 2013. There were present in complaints to pain in the bilateral hands. An MRI assessment of the bilateral carpal tunnels was sought, as well as repeat diagnostic studies. These requests were certified in the preauthorization process. The October 2013 follow-up visit noted ongoing pain and loss of strength in the bilateral hands. An MRI of the right hand noted scarring in the carpal canal and possible cystic lesion. An additional MRI is sought to evaluate the triangular fibrocartilage.

IMR ISSUES, DECISIONS AND RATIONALES

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

FURTHER IMAGING AS REQUESTED BASED ON THE PREVIOUS MRI RESULTS
QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 269.

Decision rationale: When noting the date of injury, the injury sustained, the surgical treatment rendered involving both the right and left upper extremities, the current MRI noting scar tissue associated with the right carpal tunnel release, and the very modest changes to the trainer fibrocartilage, there simply is no clinical data presented to suggest a repeat MRI of the same structures is needed within days. As noted in the MTUS, the findings are to be clinically corroborated with the physical examination findings. Seeing that this has not been accomplished, there is insufficient clinical data presented to support this request. As such, further imaging is not medically necessary.