MAXIMUS Federal Services

Case Number:	CM14-0002687		
Date Assigned:	01/29/2014	Date of Injury:	11/05/2012
Decision Date:	06/16/2014	UR Denial Date:	12/23/2013
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 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 [redacted] employee who has filed a claim for cervical discopathy, carpal tunnel syndrome, and possible internal derangement of bilateral shoulder associated with an industrial injury date of November 15, 2012. Thus far, treatment has included physical therapy, steroid injection to the right wrist, bilateral wrist support, and (NSAIDs) non-steroidal anti-inflammatory drugs. Progress notes report that patient has failed all conservative therapeutic modalities. Review of progress notes showed pain of the neck, bilateral shoulders, and bilateral wrists. Findings include cervical tenderness with spasm, positive axial loading compression test and Spurling's maneuver, painful and restricted cervical range of motion, and dysesthesia at C6-7 dermatomes. Regarding the shoulders, findings include tenderness and signs consistent with impingement. Regarding the wrists, findings include bilateral wrist dorsal tenderness and findings consistent with carpal tunnel syndrome. Electrodiagnostic studies dated September 20, 2013 showed findings consistent with right carpal tunnel syndrome. Utilization review dated December 23, 2013 indicates that the claims administrator denied a request for MRI of the left and right hand/wrist. Reason for denial was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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 Chapter, MRIs.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG indications for MRI include acute hand or wrist trauma, suspicious of acute distal radius fracture, scaphoid fracture, or gamekeeper injury with normal radiographs; chronic wrist pain suspicious of soft tissue tumor or Kienbock's disease with normal plain films. In this case, patient has symptoms and findings consistent with carpal tunnel syndrome, which is not an indication for performing wrist MRI. The indication for the requested procedure is not documented. The medical necessity has not been established. Therefore, the request for MRI of the right hand/wrist was not medically necessary per the guideline recommendations of ODG.

MRI LEFT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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 Chapter, MRI.

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG indications for MRI include acute hand or wrist trauma, suspicious of acute distal radius fracture, scaphoid fracture, or gamekeeper injury with normal radiographs; chronic wrist pain suspicious of soft tissue tumor or Kienbock's disease with normal plain films. In this case, patient has symptoms and findings consistent with carpal tunnel syndrome, which is not an indication for performing wrist MRI. The indication for the requested procedure is not documented. The medical necessity has not been established. Therefore, the request for MRI of the left hand/wrist was not medically necessary per the guideline recommendations of ODG.