

Case Number:	CM14-0006485		
Date Assigned:	02/07/2014	Date of Injury:	01/09/2009
Decision Date:	07/02/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 complains of a lump and pain on her right hand. Physical examination of the right hand showed limitation of motion; weakness at 4/5; altered sensation of all the dermatomes with testing of light touch, pinprick and temperature of the right hand; and positive Finkelstein's, Tinel's and Phalen's tests. MRI of the right hand was obtained in September 2012 and revealed median nerve entrapment. This was supported by an electrodiagnostic study done in September 2012 as well, which demonstrated CTS on the right side. The diagnoses were carpal tunnel syndrome and de Quervain's disease. The patient's disability status was declared permanent and stationary on October 25, 2013. However, the patient opted for a second surgical opinion and a request was made for an updated MRI of the right hand. Treatment to date has included oral and topical analgesics, muscle relaxants, wrist brace, activity modification, physical therapy, occupational therapy, acupuncture, chiropractic care and cortisone injections. Utilization review from December 31, 2013 denied the request for repeat MRI of the right hand because there was no indication of an increase or change in the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF RIGHT HAND: Upheld

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

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 & Hand Chapter, MRIs (magnetic resonance imaging).

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, Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter was used instead. ODG states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there was no documentation of recent exacerbation or progression of symptoms that would warrant a repeat MRI. The patient has been diagnosed with De Quervain's disease and carpal tunnel syndrome noted as far back as July 2013. Her disability status was declared permanent and Stationary on October 25, 2013. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for REPEAT MRI OF RIGHT HAND is not medically necessary.