

Case Number:	CM14-0008398		
Date Assigned:	02/12/2014	Date of Injury:	03/11/2013
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with industrial injury of March 11, 2013. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and work restrictions. In a Utilization Review Report dated January 15, 2014, the claims administrator denied a request for wrist MRI imaging, citing a paucity of supporting rationale from the attending provider. A December 20, 2013 progress note is notable for comments that the applicant reported persistent bilateral hand and wrist pain with associated swelling. Electrodiagnostic testing was reportedly negative. The applicant had diffuse swelling about the dorsal and volar aspects of the wrist with positive Tinel and Phalen signs. The applicant was given presumptive diagnoses of bilateral carpal tunnel syndrome, bilateral wrist swelling, and bilateral extensor and flexor tendonitis. MRI scanning of the wrist was endorsed to rule out inflammatory arthritis versus mechanical derangement, tendonitis, and/or carpal tunnel syndrome. Naprosyn, tramadol, Flexeril, and work restrictions were endorsed. It did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT WRIST: 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): 274.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American college of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 11, Table 11-6, Magnetic Resonance Imaging (MRI) imaging is scored at 1/4 in its ability to identify and define suspected carpal tunnel syndrome, one of the diagnoses reportedly suspected here. The attending provider has also stated that he suspects a possible diagnosis of hand arthritis. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Algorithm 11-1, page 274, CBC, ESR, plain film radiographs, and/or bone scanning are endorsed for applicants in whom inflamed formation/inflammatory arthritis are suspected. MRI imaging is not recommended as the test of choice for any of the diagnoses or suspected diagnoses reportedly present here. In this case, the attending provider's rationale is somewhat sparse and does not make a compelling case to offset the unfavorable ACOEM recommendation for the study in question. Therefore, the request is not medically necessary.