

Case Number:	CM14-0113057		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2013
Decision Date:	09/10/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/21/2014

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 44-year-old female who has submitted a claim for repetitive strain injury, wrist tendonitis, bilateral elbow tendonitis, left carpal tunnel syndrome, status post-surgical repair, associated with an industrial injury date of October 28, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 07/22/2014, showed mild intermittent paresthesias of the left hand with no locking or triggering. Physical examination revealed tenderness over the A1 pulley with a small palpable nodule but no locking or triggering. There was negative Tinel, negative Phalen, and negative compression with no subjective sensory deficit. There was full active and passive range of motion. Grip strength on the left hand was weak. Treatment to date has included surgical release of left carpal tunnel syndrome (February 2014), physical therapy, home exercise program, and medications. Utilization review from 07/12/2014 denied the request for MRI of the left wrist because an MRI was not the most appropriate test given the patient's symptoms per guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, MRI's (magnetic resonance imaging).

Decision rationale: According to pages 254 of the ACOEM Guidelines Forearm, Wrist, and Hand Complaints referenced by California MTUS, MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbck disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; to diagnose suspected soft-tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. Official Disability Guidelines does not recommended MRI in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected CTS for the foreseeable future. In this case, EMG studies performed on December 12, 2013 demonstrated severe carpal tunnel syndrome on the left. The guideline only recommends MRI of the wrist when electrodiagnostic studies are ambiguous. Moreover, there was no discussion regarding additional benefits from MRI that may alter course of treatment. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for MRI of the left wrist is not medically necessary.