

Case Number:	CM14-0136587		
Date Assigned:	09/03/2014	Date of Injury:	07/18/2012
Decision Date:	11/05/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 shoulder, arm, and hand pain reportedly associated with an industrial injury of July 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated July 21, 2014, the claims administrator denied a request for MRI imaging of the left wrist. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the bilateral upper extremities dated January 16, 2014 was suggestive of a moderate bilateral carpal tunnel syndrome. In a progress note dated May 1, 2014, the applicant reported multifocal shoulder, right hand, right arm, left arm, and left hand pain. The applicant reported numbness, tingling, and paresthesias about the hands and digits, 7/10. It was acknowledged that the applicant had had earlier electrodiagnostic testing. The applicant was given a primary operating diagnosis of bilateral carpal tunnel. MRI imaging of bilateral wrists were nevertheless endorsed.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (updated 02/18/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The attending provider has indicated that the primary operating diagnosis here is that of carpal tunnel syndrome, electrodiagnostically confirmed. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging has scored a 0/4 in its ability to identify and define suspected carpal tunnel syndrome. It is not clearly stated why the MRI study in question was sought in light of the fact that the applicant already carries a diagnosis of electrodiagnostically confirmed carpal tunnel syndrome. Therefore, the request is not medically necessary.