

Case Number:	CM14-0170262		
Date Assigned:	10/20/2014	Date of Injury:	07/08/2010
Decision Date:	11/20/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 40 years old male with an injury date on 07/08/2010. Based on the 09/24/2014 progress report provided by [REDACTED], the diagnosis is: Bilateral wrist sprain. According to this report, the patient complains of soreness and weakness in the left index finger and both wrist. Physical exam reveals tenderness at the volar ulnar aspect of the right wrist. "No instability of either wrist. Tinel's: negative at the median/ ulnar nerve of both wrist and ulnar nerve of both elbows. "The 08/20/2014 report indicates patient had an MRI, date and result of MRI was not provided in the report for review. Patient's subjective and objective findings remain the same in the 07/29/2014 and 06/18/2014 reports. There were no other significant findings noted on this report. The utilization review denied the request on 10/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/04/2014 to 09/24/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 09/24/2014 report by [REDACTED] this patient presents with soreness and weakness in the left index finger and both wrist. The provider is requesting NCV / EMG bilateral upper extremities. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This patient has not had an EMG. Given the patient's wrist symptoms including weakness, and failure to progress with conservative care, an EMG study would appear reasonable. Therefore, this request is medically necessary.

MRI Bilateral Wrists with and without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI.

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 under MRI's (magnetic resonance imaging)

Decision rationale: According to the 09/24/2014 report by [REDACTED] this patient presents with soreness and weakness in the left index finger and both wrist. The provider is requesting a repeat MRI bilateral of the wrists with and without contrast. The utilization review denial letter states "MRI's are not recommended for chronic wrist, hand, and forearm disorder. There are no extenuating circumstances noted to exceed current treatment guidelines. No red flag. "Regarding repeat MRI's, ODG guidelines states, "not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Review of the reports from 04/04/2014 to 09/24/24/2014 shows the patient had an MRI, date and result of MRI was not provided in the report for review. In this case, there were no discussion as to why the patient needs a repeat MRI of bilateral wrist when there are no progression of neurologic deficit and no new injury. Therefore, the request for a repeat MRI of the bilateral wrist is not in accordance with the guidelines. Therefore, this request is not medically necessary.