

Case Number:	CM14-0171427		
Date Assigned:	10/23/2014	Date of Injury:	06/01/2012
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/16/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of June 1, 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 over the course of the claim; unspecified amounts of manipulative therapy over the course of the claim; a reported diagnosis with carpal tunnel syndrome of the bilateral wrists; and earlier right carpal tunnel release surgery. In a Utilization Review Report dated September 24, 2014, the claims administrator failed to approve a request for MRI imaging of the right and left wrists. The applicant's attorney subsequently appealed. In a progress note dated September 4, 2014, the applicant reported bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain, reportedly attributed to cumulative trauma from repetitive work as an accountant. It was stated that the applicant had undergone earlier right-sided carpal tunnel release surgery. The applicant reportedly had numbness and tingling about the digits, the attending provider posited. Positive compression test was appreciated bilaterally with hyposensorium noted about all five digits of both hands. Normal muscle testing was noted. The applicant underwent x-rays of the bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral hands in the clinic setting. The attending provider gave the applicant a diagnosis of rotator cuff tears of both shoulders, elbow epicondylitis of both elbows, possible cubital tunnel syndrome of both elbows, and carpal tunnel syndrome of the bilateral wrists status post earlier right carpal tunnel release surgery. The applicant's prognosis was reportedly "guarded," it was stated. The applicant's work status was not furnished. MRI scan of both shoulders and both wrists were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Per the requesting provider, the primary suspected diagnosis here is bilateral carpal tunnel syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. The attending provider did not furnish any compelling applicant-specific rationale for selection of this particular test in the face of the tepid-to-unfavorable ACOEM position on the same for the diagnosis suspected here. Therefore, the request of MRI of left wrist is not medically necessary and appropriate.

MRI of right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 suspected diagnosis involving the right wrist is right-sided carpal tunnel syndrome status post earlier carpal tunnel release surgery. However, the MTUS guideline in ACOEM Chapter 11, Table 11-6, page 269 notes that MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. The attending provider failed to proffer any compelling applicant-specific rationale which would outline a need for the study in question in the face of the tepid-to-unfavorable ACOEM position on the same. Therefore, the request for MRI of right wrist is not medically necessary and appropriate.