

Case Number:	CM14-0172783		
Date Assigned:	10/23/2014	Date of Injury:	04/01/2010
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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:

There were 206 pages provided for this review. The application for independent medical review was signed on October 20, 2014. The claimant had an industrial injury on April 1, 2010. The patient had been under the care of the treating doctor status post carpal tunnel release, rule out recurrent bilateral carpal tunnel syndrome, and rule out internal derangement of both wrists and hands. Electrodiagnostic studies from February 6, 2014 were normal. As of September 23, 2014, the patient had bilateral wrist pain rated at four out of 10 that radiated into the bilateral hands, bilateral forearms and bilateral elbows. There were numbness and tingling as well as weakness and difficulty gripping and grasping objects. On exam, the patient had decreased grip strength bilaterally and there was tenderness to palpation over the right and left wrist and hand. The Phalen's test was noted to be positive bilaterally and the median compression test was also noted to be positive bilaterally. The patient was diagnosed status post carpal tunnel release rule out recurrent bilateral carpal tunnel syndrome and rule out internal derangement of both wrists and hands. On May 8, 2014 the patient was not certified for an EMG of both upper extremities as the patient recently underwent EMG on February 6, 2014. Records do not indicate the treating provider suspects soft tissue tumor or Kienbock's disease and plain films were not provided for review. The patient appears to have classic signs and symptoms of carpal tunnel syndrome and a history of bilateral carpal tunnel release. The initial reviewer felt that additional diagnostic imaging should be postponed pending results of EMG NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right 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 Chapter, MRIs (magnetic resonance imaging)

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, MRI

Decision rationale: The MTUS is silent. Regarding MRI of the wrist, the ODG notes: Indications for imaging Magnetic resonance imaging (MRI):- Chronic wrist pain, plain films normal, suspect soft tissue tumor.- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease.- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008).These criteria simply are not met. Also, such imaging should not take the place of basic physical examination, as any findings on such imaging studies run a higher risk of being a false positive unrelated to true pathology. The request for MRI (magnetic resonance imaging) of the right wrist is not medically necessary.

MRI (magnetic resonance imaging) 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 Chapter, MRIs (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, MRI

Decision rationale: Again, the MTUS is silent. Regarding MRI of the wrist, the ODG notes: Indications for imaging Magnetic resonance imaging (MRI):- Chronic wrist pain, plain films normal, suspect soft tissue tumor.- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease.- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)As shared earlier, these criteria are not met. Also, such imaging should not take the place of basic physical examination, as any findings on such imaging studies run a higher risk of being a false positive unrelated to true pathology. The request for MRI (magnetic resonance imaging) of the left wrist is not medically necessary.

MRI (magnetic resonance imaging) of the right hand: 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 Chapter, MRIs (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand and Wrist section, under MRI

Decision rationale: The MTUS is silent for chronic hand/wrist pain. Regarding MRI of the hand, the closest ODG guideline is: Indications for imaging Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required.- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required.- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury).- Chronic wrist pain, plain films normal, suspect soft tissue tumor.- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease.- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008).The guides are silent on actual hand MRI for chronic hand pain, but the wrist guides do address hand issues as well. Again, there criteria simply are not met. Also, such imaging should not take the place of basic physical examination, as any findings on such imaging studies run a higher risk of being a false positive unrelated to true pathology. The request MRI (magnetic resonance imaging) of the right hand is not medically necessary.

MRI (magnetic resonance imaging) of the left hand: 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 Chapter, MRIs (magnetic resonance imaging)

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 under MRI

Decision rationale: The MTUS is silent. Regarding MRI of the hand for chronic hand pain, the ODG closest guideline notes: Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required.- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required.- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury).- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease.- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008).The guides are silent on actual hand MRI for chronic issues, but the wrist guides do address hand issues as well. As shared previously, there criteria simply are not met. Also, such imaging should not take the place of basic physical examination, as any findings on such imaging studies run a higher risk of being a false positive unrelated to true pathology. The request for MRI (magnetic resonance imaging) of the left hand is not medically necessary.