

Case Number:	CM14-0024362		
Date Assigned:	06/11/2014	Date of Injury:	12/10/2008
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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, 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 58 year old female with an injury date of 12/10/08. Based on the 01/20/14 progress report provided by [REDACTED], the patient complains of pain, weakness, and numbness in the bilateral wrist and hand (left greater than right). There is tenderness to palpation noted over the palmar aspect of the wrist. Phalen's sign is positive with tenderness at the median nerve. The 10/22/13 EMG/NCV studies of the bilateral upper extremity revealed evidence of a severe median motor-sensory nerve entrapment at the wrist bilaterally (carpal tunnel syndrome). The patient's diagnoses include the following: 1. Bilateral carpal tunnel syndrome. 2. Bilateral wrist extensor tenosynovitis. [REDACTED] is requesting for a MRI of the bilateral wrist. The utilization review determination being challenged is dated 02/05/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/18/13- 01/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE BILATERAL WRISTS:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand.

Decision rationale: According to the 01/20/14 report by [REDACTED], the patient presents with pain, weakness, and numbness in the bilateral wrist and hand (left greater than right). The request is for a MRI of the bilateral wrist. There is no rationale provided as to why this MRI is needed. ODG guidelines state that "magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." Given the persistent bilateral wrist pain, an MRI appears reasonable at this juncture. Provided reports do not show that this patient has had an MRI before. Therefore the request is medically necessary.