

Case Number:	CM14-0027256		
Date Assigned:	06/13/2014	Date of Injury:	10/08/2013
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 43-year-old male injured on October 8, 2013. The mechanism of injury is stated to be due to cumulative trauma. The most recent progress note, dated February 19, 2014, indicates that there are ongoing complaints of bilateral hand and wrist pain as well as right shoulder pain. The physical examination demonstrated tenderness over the dorsal and ulnar aspects of both wrists. There was a diagnosis of bilateral carpal tunnel syndrome, rule out bilateral nerve entrapment neuropathy, rule out scapholunate ligament tear and TFCC tear of both wrists. An MRI of each wrist and nerve conduction studies of the upper extremities were recommended. A request had been made for bilateral wrist MRIs and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL WRISTS TO R/O CTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: According to the medical records provided the injured employee had a previous upper extremity nerve conduction study performed on December 2, 2013. This study

indicated evidence of bilateral carpal tunnel syndrome, right greater than left side. There also physical examination findings indicating carpal tunnel syndrome. It is unclear why in addition to this an MRI is recommended for both wrists for carpal tunnel syndrome. This request for an MRI of a bilateral wrists to rule out carpal tunnel syndrome is not medically necessary.