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| Case Number: | CM14-0030618 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/26/2012 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 chronic neck and wrist pain reportedly associated with an industrial injury of May 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 7, 2014, the claims administrator denied a request for left and right wrist MRIs, citing non-MTUS ODG Guidelines in its denial. The claims administrator stated that the attending provider's documentation did not suggest the presence of a scaphoid fracture, gamekeeper's injury to the thumb, soft tissue tumor, TFCC tear, or other disease process for which ODG recommended MRI imaging. In a December 18, 2013 office visit, the applicant presented with multifocal neck, shoulder, forearm, hand, and finger pain. The applicant reported that her hand and wrist pain were in the 9/10 range. The applicant reported frequent numbness, tingling, paresthesias about the digits. The applicant was described as off of work, on total temporary disability. The applicant exhibited positive Phalen signs about the bilateral wrist and positive carpal compression testing about the same. X-rays of the hands and wrists were apparently taken in the clinic setting and were reportedly read as normal. MRI imaging of the cervical spine, thoracic spine, bilateral shoulders, bilateral hands, and bilateral wrists were sought, along with electrodiagnostic testing of the bilateral upper extremities. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) right and left wrist: Upheld

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): 269 TABLE 11-6.

Decision rationale: The documentation on file seemingly suggests that the most likely operating diagnosis here is bilateral carpal tunnel syndrome. The applicant has complaints of bilateral hand and digit numbness, tingling, and paresthesias with positive Phalen testing suggestive of active bilateral carpal tunnel syndrome. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, however, MRI imaging is scored at one of four in its ability to identify and define suspected carpal tunnel syndrome while electrodiagnostic testing is scored at four out of four in its ability to identify and define suspected carpal tunnel syndrome. The MRI imaging being proposed here, thus, is not, per ACOEM deemed the study of choice for evaluating the diagnosis suspected here, namely carpal tunnel syndrome. Therefore, the request is not medically necessary.