

Case Number:	CM14-0032403		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2013
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 January 10, 2013. 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; 18 sessions of physical therapy, per the claims administrator; unspecified amounts of acupuncture; and electrodiagnostic testing of the hand and wrist, reportedly notable for carpal tunnel syndrome. In a utilization review report dated February 26, 2014, the claims administrator denied a request for MRI imaging of the wrist. Overall, rationale was extremely sparse. The claims administrator simply copied and pasted Guidelines into its report and then stated that the applicant did not meet the above guidelines. The claims administrator did, however, allude to electrodiagnostic testing suggesting that the applicant carries a diagnosis of carpal tunnel syndrome. In a progress note dated September 18, 2013, the applicant was described as having persistent complaints of wrist pain. The applicant was given restrictions pertaining to the left hand which were seemingly resulting in the applicant's removal from the workplace. The applicant was given prescriptions for Relafen and Ultracet. MRI imaging of the wrist was apparently sought at this point. The applicant was given preliminary diagnosis of De Quervain's tenosynovitis, FCE testing, wrist support, physical therapy, and acupuncture were all endorsed. The documentation was handwritten and very difficult to follow. On December 13, 2013, there were some allusions of the applicant having had MRI imaging at another hospital/another medical facility. Electrodiagnostic testing to establish the presence or absence of the carpal tunnel syndrome was sought. In a handwritten note dated February 17, 2014, the applicant was again given a primary diagnosis of left wrist volar ganglion cyst with secondary diagnosis of carpal tunnel syndrome.

The applicant also carried diagnoses of adjustment disorder versus bipolar disorder, it was further stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand(updated 02/18/14) MRI's (magnetic resonance imaging).

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

Decision rationale: The mostly likely item on the deferential diagnoses list given here has been carpal tunnel syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, MRI imaging of the wrist, the study being proposed here is scored 1/4 in its ability to identify and define suspected carpal tunnel syndrome. It is further noted that, per the claims administrator, the applicant has had electrodiagnostic testing which did definitively establish the diagnosis of carpal tunnel syndrome. MRI imaging such as that proposed here, then, is superfluous. Therefore, the request is not medically necessary.