

Case Number:	CM14-0033219		
Date Assigned:	06/20/2014	Date of Injury:	07/01/2010
Decision Date:	07/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 35-year-old male who reported an injury on 07/01/2010 due to a mechanism of repetitive motion. After undergoing nerve conduction studies on 06/14/2012, the injured worker was diagnosed with bilateral carpal tunnel syndrome. X-rays on 06/25/2012 were negative for acute fractures, dislocation, soft tissue calcification, and evidence of arthritis. The injured worker underwent a right carpal tunnel release and finger flexor tenosynovectomy on 08/17/2012. His postoperative course was benign. Occupational therapy was performed where full function was restored. He remained off work until 10/29/2012. The injured worker underwent a left carpal tunnel release and finger flexor tenosynovectomy on 01/25/2013. Postoperative occupational therapy followed where persistent thumb pain improved. He returned to work on 04/30/2013. Upon return to work, the injured worker reported moderate pain to the left wrist, was placed on temporary total disability, and prescribed Celebrex and Duexis. The physician is requesting a right wrist MRI. A Request for Authorization form was signed on 02/07/2014 and made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend MRIs in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. The injured worker has already been diagnosed with carpal tunnel syndrome. He is now status post bilateral tunnel release surgery, and received postoperative occupational therapy where it was reported the injured worker had progressed enough to return to work. The request for an MRI does not meet ODG criteria to re-diagnose an injury that has already been diagnosed and treated. As such, the request is not medically necessary and appropriate.