

Case Number:	CM14-0038565		
Date Assigned:	06/27/2014	Date of Injury:	01/13/2013
Decision Date:	08/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 39-year-old female who reported an injury on 01/13/2012. The mechanism of injury was not provided. The diagnoses included status post bilateral carpal tunnel releases. Prior therapies included surgery and acupuncture. Electrodiagnostic studies performed 01/21/2014 were noted to be normal. The surgical history included bilateral carpal tunnel releases. Per the 02/18/2014 progress report, the injured worker reported acupuncture had been significantly helpful. Objective findings noted no significant changes. The injured worker was not taking any medications. The provider requested an MRI and a regional bone scan of the right wrist and hand. The rationale was not provided. The Request for Authorization Form was submitted 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REGIONAL BONE SCAN RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, diagnostic tests.

Decision rationale: The request for regional bone scan right wrist/hand is not medically necessary. The CA MTUS/ACOEM Guidelines state a bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity. The Official Disability Guidelines further state, triple-phase bone scans are recommended for select patients in early stages to help in confirmation of the diagnosis. Routine use is not recommended. The medical records provided indicate the injured worker was experiencing improvement with acupuncture and reported no significant changes. The rationale for the request was not provided. There is no indication as to the necessity of a bone scan for the injured worker's residual carpal tunnel. Based on this information, the request is not supported. As such, the request for a regional bone scan right wrist/hand is not medically necessary.

MRI RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, MRI's (magnetic resonance imaging).

Decision rationale: The request for MRI right wrist/hand is not medically necessary. The CA MTUS/ACOEM Guidelines state most patients with true hand and wrist problems do not need special studies until after a 4-6 week period of conservative care. The Official Disability Guidelines further state, MRI is not recommended in the absence of ambiguous electrodiagnostic studies. The medical records provided indicate the injured worker underwent electrodiagnostic testing on 01/21/2014. It was noted to be a normal study. It was negative for both right or left median or ulnar neuropathy and cervical radiculopathy. The rationale for the request for an MRI was not provided. Nonetheless, the guidelines do not recommend MRI for carpal tunnel syndrome in the absence of ambiguous electrodiagnostic studies. There is also no indication the injured worker was unresponsive to conservative care. Based on this information, the request is not supported. As such, the request for MRI right wrist/hand is not medically necessary.