

Case Number:	CM14-0061192		
Date Assigned:	07/09/2014	Date of Injury:	11/01/2011
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Pain 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 injured worker is a 47 year old female who sustained an injury to her right upper extremity while performing her usual and customary duties as a secretary. The progress report dated 04/16/13 noted that the injured worker felt pain in her right hand that was aggravated if she tried to grab things repetitively, such as large boxes of paper, opening jars, or chopping vegetables at home. The treatment to date has included extensive conservative treatment in the form of physical/ therapy. All symptoms are much improved, including the stiffness in the neck. There is no tingling at this point. Thumb pain is still present, but less at 3/10 versus 7/10 visual analog scale previously. It was noted that a nerve conduction velocity study dated November of 2012 documented mild bilateral carpal tunnel syndrome. The physical examination noted mild pain in the right thumb carpometacarpal grind, but with less swelling; negative Tinel's, positive Phalen's to index grip strength right 45/45/45. The injured worker was diagnosed with thoracic outlet syndrome and basilar joint, right.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right thoracic outlet and right wrist, per report dated 4/22/14 QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder (updated 4/25/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for a MRI of the right thoracic outlet and right wrist, per report dated 04/22/14 is not medically necessary. Nerve conduction velocity dated November of 2012 documented mild bilateral carpal tunnel syndrome. There was no report of a new acute injury or exacerbation of previous symptoms. The injured worker had full range of motion in the fingers, wrists, and elbow. No thenar or intrinsic atrophy was present. It was noted that the injured worker had plain radiographs; however, the body part was not documented. There were no additional significant red flags identified. Given this, the request for a MRI of the right thoracic outlet and right wrist, per report dated 04/22/14 is not indicated as medically necessary.

MRI of the right thoracic outlet and right wrist, per report dated 4/22/14 QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder (updated 4/25/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for a magneticresonance image (MRI) of the right thoracic outlet and right wrist, per report dated 04/22/14 is not medically necessary. The previous request was denied on the basis that there was no objective interpretation of the results attached in the medical support submitted. Nerve conduction velocity dated November of 2012 documented mild bilateral carpal tunnel syndrome. There was no report of a new acute injury or exacerbation of previous symptoms. The injured worker had full range of motion in the fingers, wrists, and elbow. No thenar or intrinsic atrophy was present. It was noted that the injured worker had plain radiographs; however, the body part was not documented. There were no additional significant 'red flags' identified. Given this, the request for an MRI of the right thoracic outlet and right wrist, per report dated 04/22/14 is not indicated as medically necessary.