

Case Number:	CM14-0072905		
Date Assigned:	07/16/2014	Date of Injury:	10/28/2009
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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:

This patient is a 48 year old female who has developed chronic right upper extremity discomfort subsequent to her injury dated 10/28/09. She has been treated with a right endoscopic carpal tunnel release on 9/3/10. She reports continued pain and tingling in the right wrist which is associated with inconsistent reporting of possible carpal tunnel irritability i.e. positive tinels and phalens tests. Prior electrodiagnostic testing on 1/25/12 is reported to be consistent with a C7-8 radiculopathy, median and ulnar neuropathies. Repeat electrodiagnostic studies were performed on 11/29/13 as part of a med-legal evaluation and were reported to be normal. A wrist MRI was performed on 4/19/13 is reported to show degenerative changes in the 1s metacarpal carpal joint and degenerative changes in the TFC complex. The treating physician reports no change in the chronic symptoms and no localized wrist findings that correlate with the MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV R Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostics.

Decision rationale: Both MTUS and ODG Guidelines recommend electrodiagnostic testing if surgery is indicated yet the diagnosis is not clear. This patient does not meet these criteria. Surgery has been performed (4 years ago) and the most recent electrodiagnostic studies (9 months ago) after the surgery are negative. The symptoms remain that same as they were 9 months ago. There are no unusual circumstances that would support an exception to guideline recommendations. The repeat electrodiagnostics (EMG/NCV) of the right upper extremity are not medically necessary.

MRI R wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Magnetic Resonance Imaging.

Decision rationale: Both MTUS and ODG Guideline recommended MRI testing only if a surgical condition likely and x-rays are negative or inadequate. ODG Guidelines specifically address the issue of repeat MRI testing and it is not recommended unless there is a substantial change in symptoms and exam findings. This patient does not meet and of these criteria. A wrist MRI was performed on 4/19/13 and revealed mild degenerative changes which were not thought to be surgical. There have been no significant changes in the patients symptoms or exam findings since the prior MRI. There are no unusual circumstances to justify an exception to the Guidelines. The requested repeat MRI is not medically necessary.