

Case Number:	CM14-0079484		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2013
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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, Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 50 year-old female who reported an injury on 10/11/2013. The mechanism of injury was a repetitive movements injury. The injured worker's diagnoses included, carpal tunnel syndrome bilaterally of the wrists and tendonitis of both hands. Past treatments have included, medication, 15 sessions of physical therapy, wrist supports, and an injection. Diagnostic studies included, an electromyography and nerve conduction study on 11/11/2013 that revealed bilateral carpal tunnel syndrome. The clinical note dated 03/13/2014 noted the injured worker complained of pain in her left and right hands along with weakness, numbness and tingling. The injured worker rated her pain at 4/10. Physical examination findings included, positive Tinel's and Phalen's of the bilateral hands and wrists, with decreased grip strength and sensation. There was minimal thenar atrophy. The clinical note dated 04/24/2014 noted the injured worker reported pain to the bilateral hands. The physician indicated authorization for carpal tunnel release for the right hand was being requested. Pain medications were mentioned in the record as part of treatment but the specific medications were not indicated. The treatment plan included recommendations for surgical right hand carpal tunnel release, as well as an MRI of the right and left wrist and hand to establish any ligament tears, and damage of tendons, and muscles. The request for authorization form for the review was submitted and signed on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Hand & Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist and Hand: MRI's.

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

Decision rationale: The request for MRI of the left hand and wrist is not medically necessary. The injured worker has a history of chronic pain in the bilateral hands/wrists. The injured worker complained of numbness and tingling to the bilateral hands. Physical examination findings included, positive Tinel's and Phalen's of the bilateral hands and wrists, with decreased grip strength and sensation. There was minimal thenar atrophy. The California MTUS/ACOEM guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Given the injured worker's physical examination findings and the electrodiagnostic study results, it is clear the injured worker has a diagnosis of bilateral carpal tunnel syndrome. The physician recommended bilateral carpal tunnel release; however, there is no indication that the surgeries have been performed. The physician recommended an MRI of the right and left wrist and hand to establish any ligament tears, and damage of tendons, and muscles; however, there is a lack of documentation indicating the injured worker has significant findings indicative of ligament tears, damage of tendons, and muscles. Therefore the request is not medically necessary at this time.

MRI Right Hand & Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand: MRI's.

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

Decision rationale: The request for MRI of the right hand hand wrist is not medically necessary. The injured worker has a history of chronic pain in the bilateral hands/wrists. The injured worker complained of numbness and tingling to the bilateral hands. Physical examination findings included, positive Tinel's and Phalen's of the bilateral hands and wrists, with decreased grip strength and sensation. There was minimal thenar atrophy. The California MTUS/ACOEM guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Given the injured worker's physical examination findings and the electrodiagnostic study results, it is clear the injured worker has a diagnosis of bilateral carpal tunnel syndrome. The physician recommended bilateral carpal tunnel release; however, there is no indication that the surgeries have been performed. The physician recommended an MRI of the right and left wrist and hand to establish any ligament tears, and damage of tendons, and muscles; however, there is a lack of documentation indicating

the injured worker has significant findings indicative of ligament tears, damage of tendons, and muscles. Therefore the request is not medically necessary at this time.