

Case Number:	CM14-0089380		
Date Assigned:	07/23/2014	Date of Injury:	03/15/2009
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/13/2014

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 Oklahoma. 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 32-year-old female who reported injury on 03/15/2009. The mechanism of injury was cumulative trauma. The diagnostic studies included an x-ray and an MRI. The injured worker was noted to undergo an EMG/NCV (Electromyography / Nerve Conduction Velocity) study on 12/17/2013. The injured worker had severe right carpal tunnel syndrome and chronic neuropathic findings involving the right C6-7 myotomes consistent with definite active and ongoing chronic motor radiculopathy of corresponding nerve roots. The prior treatments were noted to include medications, work activity modifications, home exercises, a brace and wrist immobilizer, psychiatric care, a TENS unit, injections, physical therapy, and acupuncture. The surgical history was not provided, however, it was noted the injured worker had a pending right carpal tunnel release and a trigger finger release. The documentation of 04/22/2014 revealed the injured worker had pain in the right wrist that had increased since last visit. The injured worker indicated her pain increased to 8/10 frequently. The medications included Effexor XR 37.5 mg, Lidoderm 5% adhesive patches, Norco 10/325 mg tablets, Voltaren XR 100 mg tablets, MS Contin 30 mg tablets and Neurontin 800 mg tablets. The documentation indicated the injured worker had persistent symptoms despite previous treatments and further treatment was necessary, including an MRI of the right wrist and trigger point injections with steroids on the right. There was a Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Right Wrist without Contrast: 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 and Hands MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a prior MRI. There was a lack of documentation of a significant change in symptoms or findings suggestive of a significant pathology. Given the above, the request for MRI for right wrist without contrast is not medically necessary.