

Case Number:	CM14-0195633		
Date Assigned:	12/03/2014	Date of Injury:	06/01/2010
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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 is licensed to practice in New York. 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 54-year-old female who reported an injury on 06/01/2010. The mechanism of injury was reportedly a repetitive use injury. Her diagnoses included left hand carpal tunnel syndrome and left shoulder strain/sprain. Her past treatments were noted to include medications and steroid injections. Diagnostic studies included an arthrogram of the right shoulder performed on 10/19/2012 which indicated a full thickness rotator cuff tear and electrodiagnostic studies performed on 12/14/2012 which revealed entrapment neuropathy of the median nerve at the left wrist with mild to moderate slowing of nerve conduction velocity (carpal tunnel syndrome). The progress note dated 10/22/2014 indicated the injured worker had continued complaints of right and left wrist and hand pain. Physical examination of the wrist and hands revealed bilateral range of motion at the wrists with flexion to 45 degrees, extension to 45 degrees with radial deviation to 15 degrees and ulnar deviation to 20 degrees. There was tenderness to palpation over the distal radioulnar joint and the ulnar aspect of the wrist. There was also positive Tinel's and Phalen's sign on the carpal tunnel region. Current medications included Anaprox, Fexmid, Ultram, Prilosec, and Norco; frequencies and dosages were not specified. The treatment plan included a request for authorization for right hand carpal tunnel release due to positive Nerve conduction velocity findings. The treatment plan also included an internal medicine evaluation for surgical clearance, a hot/cold contrast unit, and a wrist support. The request was for an MRI of the left wrist. The rationale for the request and the Request for Authorization form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The request for MRI of the left wrist is not medically necessary. The California ACOEM Guidelines indicate imaging studies are not recommended unless a 3 to 4 week period of conservative care and observation fails to improve symptoms, as most injured workers improve quickly once red flag conditions are ruled out. The clinical documentation submitted did not provide sufficient clinical evidence to support the guidelines, as the injured worker was not noted to have exceptional factors or red flag conditions to warrant the medical necessity for the request. Additionally, the documentation failed to provide evidence of a trial and failure of 3 to 4 weeks of conservative care for the injured worker. As such, the request for MRI of the left wrist is not medically necessary.