

Case Number:	CM14-0199697		
Date Assigned:	12/10/2014	Date of Injury:	11/15/2013
Decision Date:	01/27/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 is a 62-year old male with a work related injury dated November 15, 2013. The physician's visit dated October 17, 2014 the worker was complaining of lumbar, and bilateral shoulder pain. The quality of the pain was described as dull, sharp, achy, burning, throbbing, shooting and rated a seven on a scale of ten. Accompanying symptoms included radiation, numbness, tingling and swelling. Diagnoses included shoulder and upper arm sprain, lumbar sprain and displacement of lumbar intervertebral disc without myelopathy. Treatments included infrared therapy and electrical stimulation. The request for a magnetic resonance imaging of the left wrist was requested on a visit dated September 25, 2014, on this visit there was an additional diagnosis of bilateral hand pain. Physical exam at this visit was remarkable for toe walk okay but slow and heel walk not good. The utilization review decision dated November 3, 2014 non-certified the request for a magnetic resonance imaging of the left wrist. The rationale for denial was based on the ODG Treatment Guidelines, which states that a magnetic resonance imaging is recommended for "chronic wrist pain when plain films are normal, suspect soft tissue tumor or suspect Kienbock's Disease". The magnetic resonance imaging was not recommended because the documentation did not contain any symptoms or physical findings in which a magnetic resonance imaging would be medically necessary.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI's (magnetic resonance imaging)

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

Decision rationale: The ACOEM chapter on forearm, wrist and hand complaints section on special diagnostic studies states the following provides a general comparison of the abilities of different imaging techniques to identify physiologic insult and define anatomic defects: MRI for carpal tunnel syndrome. The most recent progress notes from 09/2014 do not mention neurologic or physical findings consistent with carpal tunnel syndrome. The progress notes from 06/2014 do mention a positive Tinel's and Phalen's sign which are consistent with carpal tunnel syndrome. However there is no upper extremity EMG diagnostics which confirm the diagnoses of carpal tunnel syndrome and there is no indication for planned surgical intervention. Therefore the medical need for this test has not been established per the ACOEM guidelines and the request is not certified.