

Case Number:	CM14-0209685		
Date Assigned:	12/17/2014	Date of Injury:	04/01/2013
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 50 year old female with an injury date on 4/1/13. The patient complains of cervical pain rated 8/10, bilateral arm pain rated 8/10 with numbness in the right arm, left elbow pain rated 8/10, left hand/wrist pain rated 8/10, and right wrist/hand pain rated 8/10 with numbness/tingling per 9/29/14 report. The patient has increased symptoms since her last follow up per 8/18/14 report. The patient had a left hand carpal tunnel release which improved her numbness and gave some pain relief, but "overall her left hand is worse as she has developed a new pain that is incapacitating following surgery" per 6/30/14 report. Based on the 9/29/14 progress report provided by the treating physician, the diagnoses are: 1. s/p left carpal tunnel release with residuals including post-traumatic stiffness 2. right carpal tunnel syndrome 3. cervical strain with degenerative disc disease, rule out cervical radiculopathy 4. left shoulder subacromial impingement syndrome 5. left olecranon and triceps tendonitis A physical exam on 9/11/14 showed "C-spine range of motion is limited. Upper extremities have limited range of motion in left finger flexors, and reduced sensation in the bilateral hands." The patient's treatment history includes medications, x-rays (of left shoulder), work restrictions, MRI of left shoulder in 2013 (tear in left rotator cuff), physical therapy for left shoulder (8 sessions, no benefit), left shoulder injection, electrodiagnostic studies of upper extremities, left carpal tunnel release. The treating physician is requesting MRI of bilateral wrists and hands without contrast. The utilization review determination being challenged is dated 11/12/14. The requesting physician provided treatment reports from 5/14/14 to 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral wrists and hands without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck pain, bilateral arm pain, left elbow pain, bilateral hand/wrist pain. The treater has asked for MRI OF BILATERAL WRISTS AND HANDS WITHOUT CONTRAST on 9/29/14. Review of the reports do not show any evidence of wrist/hand MRIs being done in the past. For chronic wrist pain, there has to be a suspicion of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-ray. In this case, the patient is s/p left carpal tunnel release and the treater is requesting MRI of bilateral wrists and hands. The treater does not mention any acute trauma, or any suspicion of subtle fracture. There are no discussion as to whether or not ligamental tears/instability is an issue. Just routinely ordering an MRI to address pain is not recommended. For chronic wrist pain, there has to be a suspicion of of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-ray which is not included in provided documentation. The request IS NOT medically necessary.