MAXIMUS Federal Services

Case Number:	CM15-0103088		
Date Assigned:	06/05/2015	Date of Injury:	05/24/2011
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 64-year-old female who sustained an industrial injury on 5/24/11. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Currently, the injured worker was with complaints of bilateral wrist pain. Previous treatments included medication management, home exercise program, transcutaneous electrical nerve stimulation unit, activity modification, wrist brace, injections, acupuncture treatment, chiropractic treatments, and physical therapy. Previous diagnostic studies included radiographic studies and electromyography. The plan of care was for a magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e. g. , indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e. g. , cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e. g., a full thickness rotator cuff tear not responding to conservative treatment). The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. Therefore, the request is not medically necessary.

MRI of the bilateral hands: 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): 271-274.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection Therefore criteria set forth by the ACOEM for wrist and hand imaging have not been met and the request is not medically necessary.

MRI of the bilateral wrists: 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): 271-274.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection and the patient already has the diagnosis of carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for wrist and hand imaging have not been met and the request is not medically necessary.