

Case Number:	CM15-0104361		
Date Assigned:	06/08/2015	Date of Injury:	10/05/2011
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 10/5/11. He reported trauma to left hand. The injured worker was diagnosed as having bilateral wrist carpal tunnel syndrome and bilateral hand sprain/strain. Treatment to date has included oral medications, acupuncture therapy, and topical compound creams. (MRI) magnetic resonance imaging of left hand performed on 12/23/14 revealed no abnormal findings. Currently, the injured worker complains of right wrist pain rated 6/10 and left wrist pain rated 4-5/10 with bilateral hand and finger pad numbness. Physical exam noted tenderness to bilateral wrists and painful range of motion. A request for authorization was submitted for x-ray and (MRI) magnetic resonance imaging of bilateral knees, x-ray and (MRI) magnetic resonance imaging of bilateral hands and oral medications and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, wrist, hand chapter MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left hand is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include acute hand or wrist trauma, suspect acute distal radial fracture with normal radiographs; suspect acute scaphoid fracture with normal radiographs; and suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnoses are completely illegible according to a progress note March 5, 2015. The subjective and objective documentation in the March 5, 2015 progress note is completely illegible. The request for authorization is dated May 21, 2015 by the treating orthopedic provider. The most recent progress note in the medical record is March 5, 2015. The documentation shows the injured worker had a prior magnetic resonance imaging scan of the left hand on December 23, 2014. The MRI findings were normal. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation is illegible and does not appear to contain a significant change in symptoms and/or objective findings suggestive of significant. Consequently, absent illegible subjective and objective clinical documentation, a previous normal MRI of the left hand December 23, 2014 and contemporaneous clinical documentation on or about the date of request for authorization (May 21, 2015), MRI left hand is not medically necessary.