

Case Number:	CM15-0136567		
Date Assigned:	07/24/2015	Date of Injury:	01/10/2014
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic bilateral hand, wrist, and elbow pain reportedly associated with an industrial injury of January 10, 2014. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for MRI imaging of the bilateral hands and wrists. The claims administrator referenced an RFA form received on June 4, 2015 and an associated progress note of May 28, 2015 in its determination. On said May 28, 2015 progress note, the applicant reported ongoing complaints of bilateral hand and wrist pain reportedly attributed to cumulative trauma at work. The applicant was given diagnoses of myofascial pain syndrome, wrist sprain/strain, lateral epicondylitis, and possible peripheral neuropathy. The applicant was not working, it was acknowledged. The applicant was wearing braces in the clinic. The attending provider did not apparently perform Phalen or Tinel sign testing. The attending provider stated that he was ordering MRI imaging of the bilateral hands and wrists to search for possible carpal tunnel syndrome. The attending provider issued a rather proscriptive 5-pound lifting limitation, but acknowledged that the applicant was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral hands and 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): 269.

Decision rationale: No, the request for MRI imaging of the bilateral hands and wrists was not medically necessary, medically appropriate, or indicated here. The stated diagnoses here are those of wrist sprain/strain and carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging as 1/4 in its ability to identify and define suspected carpal tunnel syndrome and a 0/4 in its ability to identify and define suspected tendonitis and/or 0/4 in its ability to identify and define suspected ligament or tendon strains. It was not clearly stated or clearly established why MRI imaging was sought for diagnoses for which it is scored poorly in its ability to identify and define, per ACOEM. Therefore, the request was not medically necessary.