

Case Number:	CM15-0145434		
Date Assigned:	08/06/2015	Date of Injury:	04/04/2013
Decision Date:	09/08/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/27/2015

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 41-year-old who has filed a claim for chronic wrist, elbow, thumb, and shoulder pain reportedly associated with an industrial injury of April 4, 2013. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for wrist MRI imaging and electrodiagnostic testing of bilateral upper extremities. A follow-up evaluation was deemed medically necessary. The claims administrator referenced (but did not summarize) an RFA form of June 15, 2015 and an associated progress note of June 11, 2015 in its determination. The applicant's attorney subsequently appealed. The electrodiagnostic testing in question was apparently performed on June 22, 2015, despite the adverse Utilization Review determination and was interpreted as normal. Similarly, the wrist MRI in question was also performed on August 3, 2015, despite the adverse Utilization Review determination and was likewise interpreted as unremarkable. On June 5, 2015, the applicant reported ongoing complaints of wrist, hand, and thumb pain. The applicant stated that she wished to pursue an unspecified surgical remedy, seemingly for purported carpal tunnel syndrome. The applicant exhibited weak thumb opposition and diminished sensorium in the median nerve distribution. The applicant was given a diagnosis of carpal tunnel syndrome status post carpal tunnel release surgery, de Quervain's tenosynovitis status post de Quervain's release surgery, and elbow epicondylitis. The applicant's symptoms, per the treating provider's report, were seemingly confined to the symptomatic right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

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

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 right wrist was not medically necessary, medically appropriate, or indicated here. The stated diagnoses here, per the treating provider's report of June 5, 2015 were de Quervain's tendonitis and carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging a 0/4 in its ability to identify and define suspected de Quervain's tendonitis and a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. Here, the attending provider did not clearly state why MRI imaging was sought for diagnoses for which it scored poorly in its ability to identify and define, per ACOEM. It was further noted that the MRI in question was apparently performed on August 3, 2015 and was interpreted as unremarkable or negative. Therefore, the request was not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Similarly, the request for electrodiagnostic testing (EMG-NCV) of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does recommend NCV testing to evaluate median nerve impingement at the wrist after failure of conservative treatment, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 qualifies its position by noting that the routine usage of NCV-EMG testing in the evaluation of applicants without symptoms is deemed not recommended. Here, the applicant's symptoms were confined to the symptomatic right upper extremity, the treating provider reported on June 5, 2015. It was not clearly stated or clearly articulated why electrodiagnostic testing of the bilateral upper extremities to include the seemingly asymptomatic left upper extremity was proposed in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.