

Case Number:	CM15-0166081		
Date Assigned:	09/03/2015	Date of Injury:	11/06/2012
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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 54 year old female with an industrial injury dated 11-06-2012. A review of the medical records indicates that the injured worker is undergoing treatment for moderate left carpal tunnel syndrome, myofascial strain, lumbosacral radiculopathy with disc bulge, left wrist sprain, traumatic left wrist median neuritis with recent exacerbation, left sided moderate carpal tunnel syndrome, rhomboid muscle strain, trapezius muscle strain, myofascial pain, left sided rhomboid and thoracic paraspinal trigger points and muscle spasm, chronic musculoskeletal pain, and kinesiophobia and deconditioning. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-23-2015, the injured worker reported episodic pain in the right hand with stiffness and episodic numbness in the left hand. Physical exam (3-23-2015) revealed full range of motion in bilateral wrist, intact sensation for left hand and positive Phalen's sign of the left wrist. Objective findings (04-23-2015 to 7-16-2015) revealed increased pain to palpitation of the right trapezius and right rhomboid muscles. Physical exam also revealed trigger points, taut bands of the left rhomboid, and left thoracic paraspinal muscles, decreased range of motion, decreased diffused sensation in bilateral hands, diminished deep tendon reflexes in the upper extremities and equivocal Tinel's and Phalen's sign. The treatment plan consisted of medication management and diagnostic testing. The treating physician prescribed services for MRI of the left wrist and MRI of the left forearm, now under review. Utilization Review determination on 08-07-2015, non-certified the request for MRI of the left wrist and MRI of the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist/ hand 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 hand MRI have not been met and the request is not medically necessary.

MRI of the left forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

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