

Case Number:	CM15-0193722		
Date Assigned:	10/07/2015	Date of Injury:	09/24/2013
Decision Date:	11/23/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/02/2015

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 43-year-old who has filed a claim for chronic wrist pain and elbow pain reportedly associated with an industrial injury of September 24, 2013. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for MRI imaging of the wrist. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant was placed off of work, on total temporary disability. The applicant apparently alleged wrist and elbow pain complaints secondary to cumulative trauma at work. The applicant was described as obese. 5/5 motor function about the bilateral upper extremities was appreciated despite tenderness about the right wrist and right elbow and the elbow epicondylar region. The applicant was given a diagnosis of electrodiagnostically-confirmed carpal tunnel syndrome, wrist tendinitis, wrist pain, elbow pain, and elbow epicondylitis reportedly attributed to cumulative trauma at work. The applicant was placed off of work, on total temporary disability. On September 8, 2015, the applicant reported ongoing complaints of wrist, elbow, and shoulder pain, again attributed to cumulative trauma at work. The applicant was described as carrying a diagnosis of electrodiagnostically-confirmed mild bilateral carpal tunnel syndrome. The applicant had received corticosteroid injection to the right carpal tunnel region and to the right shoulder region. The applicant's BMI was 35, it was reported. The applicant did not exhibit any wrist swelling, synovitis, or deformity. Tenderness about the first extensor compartment was noted with a positive Finkelstein maneuver. MRI imaging of the wrist, shoulder, and elbow were all endorsed. It was not clearly stated how the proposed wrist MRI would influence or alter the

treatment plan. Physical therapy was sought. Electrodiagnostic testing of the bilateral upper extremities was also ordered. The applicant was asked to consult with a pain psychologist. Permanent work restrictions and multiple medications were reportedly renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI non contrast right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, and hand, MRI's (magnetic resonance imaging).

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

Decision rationale: No, the request for MRI imaging of the wrist without contrast was not medically necessary, medically appropriate, or indicated here. The requesting provider stated on September 8, 2015 that the applicant's operating diagnosis list included de Quervain tenosynovitis of the wrist and wrist 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 de Quervain tenosynovitis and a 1/4 in its ability to identify and define carpal tunnel syndrome. The attending provider failed to state why MRI imaging is being employed to evaluate diagnosis for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. It was not clearly stated, moreover, why MRI imaging was being sought if the applicant already had electrodiagnostically-confirmed carpal tunnel syndrome and had already had clinically-established de Quervain tendonitis. Therefore, the request was not medically necessary.