

Case Number:	CM15-0197201		
Date Assigned:	10/12/2015	Date of Injury:	03/03/2009
Decision Date:	11/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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, 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 48 year old female, who sustained an industrial-work injury on 3-3-09. She reported initial complaints of bilateral wrist pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, radial styloid tenosynovitis, ulnar nerve lesion, de Quervain's release of left and right wrist, synovitis, brachial neuritis, medial epicondylitis, brachial plexus lesion. Treatment to date has included medication, surgery for carpal tunnel syndrome, right wrist steroid injection (no relief), physical therapy (no improvement on right, slight on left). Currently, the injured worker complains of bilateral hand and wrist pain made worse by use with radiation in the right shoulder. There is numbness and tingling in both hands and ongoing neck pain. Per the primary physician's progress report (PR-2) on 8-24-15, exam of right hand, wrist, and elbow had positive Tinel's at cubital tunnel with positive elbow flexion on right, positive Tinel's at carpal tunnel and Phalen's and Finkelstein's. There is difficulty extending the right thumb. The cervical exam notes tenderness to right paracervical musculature with decreased range of motion and tenderness at extremes, tenderness at thoracic outlet bilaterally. Current plan of care includes MRI (magnetic resonance imaging) to rule out adhesions or wrist synovitis. The Request for Authorization requested service to include MRI (magnetic resonance imaging), right wrist, as outpatient. The Utilization Review on 9-8-15 denied the request for MRI (magnetic resonance imaging), right wrist, as outpatient, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines and ACOEM (American College of Occupational and Environmental Medicine).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), right wrist, as outpatient: Upheld

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

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

Decision rationale: In this case, the date of injury was 03/03/2009 and the claimant is status post bilateral wrist carpal tunnel release and de Quervain's release. Guidelines do not provide a recommendation for or against the use of MRI in carpal tunnel syndrome. The request is for an MRI of the right wrist. There have been no significant changes in the claimant's condition or examination to support the request for an MRI. There is no new injury or suspicion of pathology that would warrant an MRI. Therefore the request for an MRI of the right wrist is not medically necessary or appropriate.