

Case Number:	CM15-0199846		
Date Assigned:	10/15/2015	Date of Injury:	11/16/2012
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male, who sustained an industrial injury on 11-16-2012. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for carpal tunnel syndrome with history of right carpal tunnel release and right ulnar nerve release surgery and ulnar neuropathy. Treatment and diagnostics to date has included right handed wrist splint, electromyography-nerve conduction velocity studies report dated 04-14-2015 stated "normal" findings, and use of medications. Recent medications have included Tylenol, Voltaren, Neurontin, and Percocet. After review of the progress note dated 08-12-2015, the injured worker reported persistent right thumb and index finger numbness, grip weakness, twitching, and trigger finger in his ring finger with throbbing pain in his right elbow. Objective findings included decreased sensation in the forearm and radial side of hand. The request for authorization dated 09-08-2015 requested MR Neurogram of the upper right extremity. The Utilization Review with a decision date of 09-15-2015 non-certified the request for MR Neurogram of the upper right extremity without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR neurogram upper right extremity without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13 (2) Du R, Auguste KI, Chin CT, Engstrom JW, Weinstein PR. Magnetic resonance neurography for the evaluation of peripheral nerve, brachial plexus, and nerve root disorders. J Neurosurg. 2010; 112 (2): 362-371. (3) Takahara T, Hendrikse J, Yamashita T, et al. Diffusion-weighted MR neurography of the brachial plexus: feasibility study. Radiology. 2008; 249 (2): 653-660.

Decision rationale: The claimant sustained a work injury with date of injury in November 2012 and underwent a right carpal tunnel release, ulnar nerve decompression with transposition, and deQuervain release in December 2013. Electrodiagnostic testing was done in April 2015 and was compared with pre-operative testing done in January 2013. The testing done in April 2015 was normal. He was seen for an initial evaluation by the requesting provider on 08/12/15. He had not improved after surgery. He was having persistent right thumb and index finger numbness, weakness, twitching and triggering of the fourth finger, and throbbing right elbow pain with radiating burning through his forearm. Prior electrodiagnostic and MRI tests were not available. He was wearing a right wrist splint. Physical examination findings included decreased hand sensation. There were constant movements of the fifth finger. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. When seen by the requesting provider, prior MRI results were not available. An MRI of the wrist for carpal tunnel syndrome is not recommended in the absence of ambiguous electrodiagnostic studies and the testing done in April 2015 was normal. MR neurography is considered experimental and investigational because the medical literature on the application of this technology in clinical situations remains in early stages of development. The request MR neurogram is not medically necessary.