

Case Number:	CM15-0218904		
Date Assigned:	11/10/2015	Date of Injury:	12/08/2010
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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 66 year old female, who sustained an industrial injury on 12-8-10. The injured worker was diagnosed as having carpal tunnel syndrome; hypertension NOS; recurrent dislocation of shoulder. Treatment to date has included medications. Currently, the PR-2 notes dated 9-28-15 indicated the injured worker was seen in this office after a provider "recommended diagnostic testing and a referral to a neurologist to rule out central nervous system pathologies since the patient has ulnar atrophy". On physical examination the provider documents "the right shoulder: well-healed arthroscopic portal incisions with range of motion restricted in flexion-abduction plane; impingement sign is positive. The left anterior shoulder is tender to palpation; restricted range of motion. Bilateral elbows: medial elbows are tender to palpation; Tinel's sign is positive on the left. Bilateral wrists: atrophy of the bilateral FDI muscles was noted. Grip strength is reduced bilaterally. Sensation is reduced in bilateral hands; Tinel's sign and Phalen's test are positive bilaterally. Bilateral knees: Effusion was noted about the right knee; joint lines are tender to palpation; positive McMurray's bilaterally." (Please note: injured worker is seeing another provider for bilateral knee symptoms.) Current medications are listed as: Omeprazole DR 20mg capsule; Hydrocodone (Norco 5-325mg) and Naproxen 550mg. The treatment plan includes a request for a follow-up with the hand surgeon for bilateral carpal tunnel release; begin physical therapy as authorized, a MRI and ultrasound of the bilateral wrists as recommended by the hand surgeon and to be evaluated by a neurologist to rule out central nervous system pathologies. X-ray report of the bilateral wrist views dated 9-3-15 reveals: "normal for the most part with exception of small radiolucent areas in the trapezoid

and in the capitate of the right wrist. Also, there was a round bone density distal to the ulnar styloid of the left wrist. There was slight scapholunate widening of the right and left wrists, but there was no evidence of any type of wrist instability pattern. There were no degenerative changes affecting the right and left wrists, and there were no other reactive bone findings. There were no other acute or chronic changes in these x-rays." The medical documentation submitted does not indicate evidence of bilateral wrist injections, splinting-braces or physical therapy type conservative therapy or medical documentation of a prior EMG-NCV study of the bilateral wrists. A Request for Authorization is dated 11-6-15. A Utilization Review letter is dated 10-8-15 and non-certification for MRI of the bilateral wrists and Ultrasound of the bilateral carpal tunnels. A request for authorization has been received for MRI of the bilateral wrists and Ultrasound of the bilateral carpal tunnels.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the bilateral wrists: 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 Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in December 2010 while working in a warehouse. When seen in September 2015 he was having bilateral hand and wrist numbness and tingling. He was having nighttime and morning symptoms. He had weakness of both hands and was dropping objects. Physical examination findings included callusing of the distal palms and fingers. There was intrinsic muscle atrophy. Scratch testing and Tinel's signs were present at the elbow, wrist, and over Guyon's canal. An x-ray was obtained showing findings of small radiolucent areas that were considered normal for the most part. Authorization is being requested for MRI scans of the wrists and diagnostic ultrasound of both carpal tunnels. Applicable criteria for obtaining an MRI of the wrist in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbock's disease with normal plain film x-rays. Magnetic resonance imaging has also been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. In this case, the claimant has findings of peripheral nerve entrapment. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome. MRI may contribute to the diagnosis of carpal tunnel syndrome for patients with ambiguous electrodiagnostic studies and clinical examinations. In this case, electrodiagnostic testing would be the appropriate next study to evaluate the claimant's condition. An MRI in the absence of ambiguous electrodiagnostic studies is not medically necessary.

Ultrasound of the bilateral carpal tunnels: 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 Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Ultrasound (diagnostic).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in December 2010 while working in a warehouse. When seen in September 2015 he was having bilateral hand and wrist numbness and tingling. He was having nighttime and morning symptoms. He had weakness of both hands and was dropping objects. Physical examination findings included callusing of the distal palms and fingers. There was intrinsic muscle atrophy. Scratch testing and Tinel's signs were present at the elbow, wrist, and over Guyon's canal. An x-ray was obtained showing findings of small radiolucent areas that were considered normal for the most part. Authorization is being requested for MRI scans of the wrists and diagnostic ultrasound of both carpal tunnels. Diagnostic ultrasound of the forearm, wrist, or hand is recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries and the ulnar nerve is also easily visualized. However, in this case the claimant has findings of peripheral nerve entrapments. An ultrasound of the wrists would not be an adequate evaluation for cubital tunnel syndrome. Electrodiagnostic testing would be the appropriate next study to evaluate the claimant's condition. The requested diagnostic ultrasound testing is not medically necessary.