

Case Number:	CM15-0048419		
Date Assigned:	03/20/2015	Date of Injury:	01/17/2014
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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 57-year-old carpenter who has filed a claim for thumb, wrist, forearm, and elbow pain reportedly associated with an industrial injury of January 17, 2014. In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve a request for MRI imaging of the hand. The claims administrator referenced progress notes of November 26, 2014 and January 7, 2015 in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the bilateral upper extremities dated October 13, 2014 was notable for mild median sensory neuropathy bilaterally. In a November 26, 2014 progress note, hand MRI imaging, x-rays, and upper extremity electrodiagnostic testing were endorsed through preprinted checkboxes, along with a pain management consultation and an interferential unit stimulator. The applicant had also received a PENS device, it was acknowledged. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

Decision rationale: No, the proposed MRI of the hand was not medically necessary, medically appropriate, or indicated here. The applicant's primary operating diagnosis, as of the date of the request, per the treating provider, appears to be carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, as was seemingly present here. It was not clearly stated why MRI imaging was endorsed for a diagnosis for which it is scored poorly in its ability to identify and define by ACOEM. The attending provider's documentation and November 2014 progress note were sparse, handwritten, thinly developed, comprised almost entirely of preprinted checkboxes, and did not furnish a clear or compelling rationale for the request. Therefore, the request was not medically necessary.