

Case Number:	CM15-0056869		
Date Assigned:	04/01/2015	Date of Injury:	04/01/2013
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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

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 (IW) is a 51-year-old female who sustained an industrial injury on 04/01/2013. Diagnoses include status post left carpal tunnel release with residuals including post-traumatic stiffness and cervical strain with degenerative disc disease, rule out cervical radiculopathy. Treatment to date has included medications, surgery and physical and occupational therapy. Diagnostics performed to date included electrodiagnostic testing and x-rays. According to the progress report dated 6/30/14, the IW reported frequent moderate bilateral wrist/hand pain that radiated to the fingers. She also reported new severe pain in the left wrist/hand since her previous carpal tunnel release. A request was made for MRI of the left wrist and of the left hand to allow proper treatment of the IW's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist/hand.

Decision rationale: According to the records, the patient has ongoing bilateral wrist and hand pain secondary to bilateral carpal tunnel release surgery. The patient also complains of neck pain. The current request is for MRI of left wrist. According to the ODG, Magnetic resonance imaging has 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 (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. In this case, the records indicate the patient is status-post bilateral carpal tunnel release. Records indicate that a previous electrodiagnostic study found evidence of bilateral carpal tunnel syndrome. The attending physician is requesting MRI of both the left hand and wrist. The records indicate both left and right wrist and hand complaints. The attending physician provides no discussion of why he is requesting an MRI of the left wrist and hand as to what he is attempting to rule in or rule out. There is no discussion of how an MRI is going to change the treatment plan after the patient has apparently failed carpal tunnel release surgery of both wrists. The current available records fail to establish medical necessity. As such recommendation is for denial.

MRI of the left hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/hand.

Decision rationale: According to the records, the patient has ongoing bilateral wrist and hand pain secondary to bilateral carpal tunnel release surgery. The patient also complains of neck pain. The current request is for MRI of left wrist. According to the ODG, Magnetic resonance imaging has 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 (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. In this case, the records indicate the patient is status-post bilateral carpal tunnel release. Records indicate that a previous electrodiagnostic study found evidence of bilateral carpal tunnel syndrome. The attending physician is requesting MRI of both the left hand and wrist. The records indicate both left and right wrist and hand complaints. The attending physician provides no discussion of why he is requesting an MRI of the left wrist and hand as to what he is attempting to rule in or rule out. There is no discussion of how an MRI is going to change the treatment plan after the patient has apparently failed carpal tunnel release surgery of both wrists. The current available records fail to establish medical necessity. As such recommendation is for denial.

