

Case Number:	CM15-0085427		
Date Assigned:	05/07/2015	Date of Injury:	06/16/2011
Decision Date:	06/18/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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 50-year-old who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of June 16, 2011. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for CT imaging of the right upper extremity. A RFA form dated March 25, 2015 was referenced in the determination. The rationale was difficult to follow, although the claims administrator seemingly suggested that the applicant had an established diagnosis of rotator cuff tear. The applicant's attorney subsequently appealed. Electrodiagnostic testing of August 24, 2014 was notable for a left-sided radial neuropathy, without evidence of cervical radiculopathy. On February 2, 2015, the applicant reported ongoing complaints of right upper extremity pain. The applicant was given primary diagnosis of carpal tunnel syndrome. Laboratory testing, Motrin, and Neurontin were endorsed while the applicant was kept off work, on total temporary disability. No mention of the need for CT imaging on this date. The remainder of the file was surveyed. The claims administrator's medical evidence log suggested that the February 2, 2015 progress note represented the most recent note on file; thus, the March 16, 2015 RFA form and/or the associated progress notes made available to claims administrator were not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 35-37, 13-17.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: No, the request for CT imaging of the right upper extremity was not medically necessary, medically appropriate, or indicated here. The primary reported diagnosis, per the most recent progress note provided of February 2, 2015 was carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, and page 269 scores CT imaging a 0 out of 4 in its ability to identify and define suspected carpal tunnel syndrome. No rationale for selection of this particular imaging modality in the face of the unfavorable ACOEM position on the same for the diagnosis in question was furnished by the attending provider. While it is acknowledged that the March 16, 2015 progress note and associated RFA form on which the article in question was proposed was not seemingly incorporated into the IMR packet, the historical notes on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.