

Case Number:	CM15-0089651		
Date Assigned:	05/14/2015	Date of Injury:	02/01/2014
Decision Date:	06/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 32-year-old female who sustained an industrial injury on February 1, 2014. She has reported pain and numbness in the bilateral wrist and has been diagnosed with bilateral wrist sprain/strain, bilateral wrist carpal tunnel syndrome, sleep disturbance secondary to pain, and depression, situational. Treatment has included medications and physical therapy. Objective findings of the bilateral wrists showed there was grade 2 tenderness to palpation, which had remained the same since her last visit. There was restricted range of motion. Tinel's sign and Phalen's tests were positive. The treatment request included a MRI of bilateral wrist and EMG/NCV of the upper extremities.

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 Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for imaging (MRI) magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, MRI.

Decision rationale: CA MTUS and ODG section on Forearm, Wrist and Hand outlines the indications for MRI of the wrist which include: acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), Chronic wrist pain, plain films normal, suspect soft tissue tumor, Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the complaint is a chronic complaint with no acute component. There is no documentation of plain films. The suspected condition is carpal tunnel syndrome for which MRI is not a recommended imaging modality. MRI of wrist is not indicated. The request is not medically necessary.

EMG (electromyogram) / NCV (nerve conduction velocity) studies of the Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant has symptoms and physical examination signs consistent with carpal tunnel syndrome. Surgery is being considered. EMG/NCV of upper extremities is medically necessary.