MAXIMUS Federal Services

Case Number:	CM14-0109119		
Date Assigned:	08/13/2014	Date of Injury:	05/02/2012
Decision Date:	09/18/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Orthopedic Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 54-year-old with reported industrial injury of May 2, 2012. Exam from May 30, 2014 demonstrates the claimant is working full-time as a medical assistant. Clearing of the right wrist is constant in nature examination; range of motion of the right wrist is satisfactory. There is no swelling noted. Recommendation is made for an MRI of the wrist as well as EMG of extremities to evaluate an injection to the base of the right thumb. Exam note 2014 demonstrates complaints of swelling and limited grip. Examination demonstrates tenderness over the wrist joint on the right side. She is able to make a full fist. Diagnosis is made of carpal tunnel syndrome bilaterally. There is no attached documentation of prior attempts at conservative care for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Neck & Upper Back Procedure Summary.

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

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that wrist/hand imaging may be appropriate, imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The ODG states that MRI of the wrist is indicated for acute hand or wrist trauma or to eval for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to evaluate for Kienbocks's disease. In this case there is no red flag indications from the exam note from May 30, 2014 for MRI and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition no plain radiograph findings are documented in this case. Therefore, the request for an MRI of the right wrist without contrast is not medically necessary or appropriate.

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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 section, Electrodiagnostic studies.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV (nerve conduction velocity) testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from May 30, 2014 to warrant NCS (nerve conduction studies) or EMG. Therefore, the request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.