

Case Number:	CM14-0213886		
Date Assigned:	12/31/2014	Date of Injury:	02/22/2010
Decision Date:	02/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

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:

This is a 65 year old female who suffered a cumulative work injury on 02/22/2010, involving the cervical spine and hand. Diagnoses include left carpal tunnel syndrome, strain of the cervical spine, left shoulder impingement and left upper extremity ulnar nerve entrapment with cubital tunnel syndrome. The injured worker has had right carpal tunnel release surgery done in the past. Treatment has included cortisone injections to the left hand which provided temporary relief. The Agreed Medical Examiner's Report dated 12/10/2014 notes the injured worker has decreased range of motion in the left wrist. There is evidence of tendinitis on the left hand. The Tinel sign test is positive for the left median nerve at the wrist and for the left ulnar nerve at the elbow. The Phalen's test is positive for the left median and ulnar nerves. X-ray of the left elbow done on 02/10/2014 was normal, and x-ray of the cervical spine showed moderate disc space narrowing at C3-C4, C4-C5, and C6-C7. There is mild/moderate disc space narrowing at C7-T1. There are anterior osteophytes at C5, C6, and C7. There is posterior osteophyte formation at C5-C6. A Nerve Conduction Study done on 12/10/2014 revealed carpal tunnel syndrome on the left side. On 12/18/2014 the request is for a left wrist Magnetic Resonance Imaging. The requesting physician does not document any redflag conditions and a recent AME specialty evaluation documented a normal wrist exam except for the carpal tunnel. On 12/11/2014, Utilization Review non-certified the request for left wrist Magnetic Resonance Imaging, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM)-Forearm, Wrist, and Hand Complaints. There were no plans

for treatment documented. A wrist Magnetic Resonance Imaging is not required for an injured worker with alleged carpal tunnel symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left MRI: 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): 269, 270.

Decision rationale: Unless there are specific "Red Flag" conditions such as suspected tumor, infection or fracture, MTUS Guidelines do not recommend the use of wrist MRI studies to confirm a diagnosis of carpal tunnel syndrome. No "Red Flag" conditions are suspected or documented. Under these circumstances the left wrist MRI is not medically necessary.