

Case Number:	CM14-0215894		
Date Assigned:	01/05/2015	Date of Injury:	01/10/2014
Decision Date:	03/18/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania

Certification(s)/Specialty: Internal 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 48-year-old female who has reported the gradual onset of bilateral upper extremity pain and numbness attributed to usual assembly work, with a listed date of injury of 1/10/14. The diagnoses include repetitive strain injury, myofascial pain syndrome, bilateral wrist sprain/strain, bilateral epicondylitis, possible peripheral neuropathy, carpal tunnel syndrome, trigger finger, and tenosynovitis. Treatment has included multiple medications, physical therapy, acupuncture, splints, and an injection. She has had ongoing paresthesias suggestive of carpal tunnel syndrome. Prior radiographs of the wrist were listed as normal. An agreed medical examination (AME) on 9/25/14 noted diagnoses of wrist flexor tendinopathy, probable carpal tunnel syndrome, lateral epicondylitis, and trigger finger. The examining physician recommended electrodiagnostic testing for carpal tunnel syndrome and hand surgeon treatment of the trigger finger. The physician did not describe any pathology for which a magnetic resonance imaging (MRI) would be indicated and did not recommend a MRI for any of the listed diagnoses. The current treating physician has been seeing the injured worker since 4/24/14. Symptoms have included non-specific pain and paresthesias suggestive of carpal tunnel syndrome. He has prescribed electrodiagnostic testing but these tests have apparently been non-certified in Utilization Review. On 11/20/14 wrist MRIs were recommended to "further assess the injury". Prior reports mention ordering MRIs for the hand and wrist, but no specific indications were described. On 12/1/14, Utilization Review non-certified the request for MRI of the left wrist, noting lack of red flag diagnoses and lack of documentation of failure of conservative care, and citing the MTUS/ACOEM and ODG.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254-258, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, hand, wrist chapter; MRI's (magnetic resonance imaging).

Decision rationale: Per Page 268-269 of the ACOEM Guidelines, special studies are not needed until after a 4-week period of conservative care. Common tests are listed, with indications. The treating physician has not provided sufficient indications for any imaging test, including a MRI. Acute imaging may be indicated for scaphoid fracture and thumb metacarpophalangeal (MCP) ligamentous injury, conditions not present in this case. The treating physician did not address the prior normal radiographs of the wrist. The only positive physical findings at the wrist were non-specific tenderness and the median nerve compression test, neither of which are indications for an MRI. Carpal tunnel syndrome (CTS) is better assessed using electrodiagnostic tests. MRI is not noted to be significantly able to identify or define pathology related to CTS. The Official Disability Guidelines list the following indications for an MRI: 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. None of these conditions were described by the treating physician. The left wrist MRI is not medically necessary based on the lack of sufficient indications and the cited guidelines.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Forearm, wrist, and hand - MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254-258, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, hand, wrist chapter; MRI's (magnetic resonance imaging).

Decision rationale: Per Page 268-269 of the ACOEM Guidelines, special studies are not needed until after a 4-week period of conservative care. Common tests are listed, with indications. The

treating physician has not provided sufficient indications for any imaging test, including an MRI. Acute imaging may be indicated for scaphoid fracture and thumb MCP ligamentous injury, conditions not present in this case. The treating physician did not address the prior normal radiographs of the wrist. The only positive physical findings at the wrist were non-specific tenderness and the median nerve compression test, neither of which are indications for an MRI. CTS is better assessed using electrodiagnostic tests. MRI is not noted to be significantly able to identify or define pathology related to CTS. The Official Disability Guidelines list the following indications for an MRI: 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. None of these conditions were described by the treating physician. The wrist MRI is not medically necessary based on the lack of sufficient indications and the cited guidelines.