

Case Number:	CM14-0216778		
Date Assigned:	01/06/2015	Date of Injury:	05/08/2014
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/26/2014

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: Colorado
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:

38 year old female with date of injury 5/8/2014 continues care with the treating physician. Patient complaints include low back pain, left shoulder pain, left elbow pain, and left hand/wrist pain. Patient has had several treatments including Acupuncture with electrical stimulation, infrared therapy, physical therapy, chiropractic care, TENS unit, and medications including topical analgesics. Pain in left wrist hand continues to be an issue for patient, rated 8/10 consistently, with aching, throbbing and at least intermittent tingling / burning / numbness. MRI of Left hand, dated 9/9/2014, is referenced in utilization review and result showed volar flexor tendinopathy of index and middle fingers. The treating physician requests repeat MRI of Left hand .

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 647.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM has been consulted. For wrist and hand issues, the recommendation for or against MRI depends on the condition suspected. For carpal tunnel syndrome specifically, there is no recommendation for or against MRI for diagnosis confirmation. There is no quality evidence to support the use of MRI for carpal tunnel syndrome. For the patient of concern, the records indicate "rule out carpal tunnel syndrome" as diagnosis in several follow up notes. The most recent note from the treating physician is dated 11/5/2014, and does not indicate any change in left wrist/hand symptoms. MRI is requested after the November 2014 office visit, but there is no documentation to verify why the MRI is requested and what changes have occurred since previous MRI to warrant repeat. As the treating physician is trying to rule out carpal tunnel syndrome, and there is insufficient evidence to support MRI for that purpose, and as there is no documentation of a change in symptoms that would warrant repeat MRI regardless, the request for MRI of the left hand is not medically indicated.