

Case Number:	CM15-0115297		
Date Assigned:	06/23/2015	Date of Injury:	03/08/2013
Decision Date:	07/29/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/15/2015

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: Texas, California

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:

This is a 55 year old female patient, who sustained an industrial injury on 3/8/13. She has reported initial complaints of bilateral wrist pain and numbness after injury at work from repetitive use. The diagnoses have included bilateral wrist pain and numbness status post left carpal tunnel release, rule out internal derangement of bilateral wrists and rule out peripheral nerve entrapment. Per the doctor's note dated 4/21/15, she had complaints of pain in wrists and hands with tingling, numbness and cramping. Per the physician progress note dated 2/10/15, she had complains of continued bilateral wrist and hand numbness, weakness and numbness. The physical exam of the right wrist and hand revealed an incision, decreased sensory exam to the median nerve distribution, questionable positive Tinel's sign and range of motion with flexion 60 degrees, extension 60 degrees, radial deviation 20 degrees and ulnar deviation is 30 degrees. The medications list includes diclofenac and omeprazole. Patient was prescribed anaprox. She has had an electromyography (EMG) /nerve conduction velocity studies (NCV) test done on 11/5/14 with normal findings. She has undergone left carpal tunnel release and ulnar nerve decompression at the elbow. Treatment to date has included medications, activity modifications, diagnostics, surgery, splinting, and physical therapy. The physician requested treatment included Right Wrist hand Magnetic Resonance Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist and Magnetic Resonance Imaging: 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, Hand and Wrist Chapter and Carpal Tunnel Syndrome.

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

Decision rationale: Right Wrist hand Magnetic Resonance Imaging. Per the ACOEM's Occupational Medicine Practice Guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following:-In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture." Any indication listed above that would require right wrist/hand MRI is not specified in the records provided. Evidence of red flag signs is not specified in the records provided. A recent X-ray report of the right wrist is not specified in the records provided. Failure of conservative therapy including physical therapy and NSAIDs is not specified in the records provided. Per the cited guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." A detailed physical examination of the right wrist suggesting specific disorders is not specified in the records provided. Any snuff box tenderness on exam is not specified in the records provided. The Right Wrist hand Magnetic Resonance Imaging is not medically necessary for this patient.