MAXIMUS Federal Services

Case Number:	CM15-0121359		
Date Assigned:	07/02/2015	Date of Injury:	09/30/2001
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, 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:

The injured worker is a 70 year old female, who sustained an industrial injury on 9/30/01. She reported a gradual pain in her right wrist and later in her left wrist from overcompensation. Treatment to date has included surgical intervention, MRI, physical therapy, epidural steroid injection and psychotherapy. Currently, the injured worker complains of right hand/wrist pain 7/10 with numbness and tingling, left wrist/hand pain 6/10 with numbness and tingling, and neck pain 7/10. She is diagnosed with post left carpal tunnel release times 2 with residuals, post release of the left middle, ring and trigger fingers , post right carpal tunnel release, CRPS right upper extremity, bilateral wrist and hand flexor tenosynovitis, right upper extremity radiculopathy and rule out cervical IVD displacement with or without myelopathy. The injured worker is retired. A note dated 2/26/14 states the injured worker experienced a shooting pain in her upper and middle back that radiated to her right upper extremity after the steroid injection. A progress note dated 2/23/15 states the injured worker continues to report right hand/wrist pain that radiates to her arm accompanied with numbness and tingling, swelling in her forearm. She reports a warm sensation in the right upper extremity and triggering of the right middle and ring fingers. There is also pain accompanied with numbness and tingling in the left hand/wrist as well as neck pain. On examination there is painful range of motion of the cervical spine and diffuse tenderness to palpation of the wrists bilaterally. A request for an MRI of the cervical spine, bilateral hands and wrists is being sought to rule out the following herniated disc(s) in the cervical spine and internal derangement of the wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. In addition, the claimant had prior EMG consistent with carpal tunnel and MRI consistent with flexor tendon thickening. The request for an MRI of the cervical spine is not medically necessary.

MRI Bilateral 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 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an MRI is optional after a history and physical are performed by a specialist. In this case, the claimant had prior EMG consistent with carpal tunnel and carpal tunnel surgery. Prior MRI did show thickening of the flexor tendon. The request for the MRI of the hand to rule out internal derangement was ordered by a hand specialist and after an exam. The MRI is considered an option and not medically necessary.

MRI Bilateral Wrists: 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 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an MRI is optional after a history and physical are performed by a specialist. In this case, the claimant had prior EMG consistent with carpal tunnel and carpal tunnel surgery. Prior MRI did show thickening of the flexor tendon. The request for the MRI of the wrist to rule out internal derangement was ordered by a hand specialist and after an exam. The MRI is considered an option and not medically necessary.