

Case Number:	CM15-0124993		
Date Assigned:	07/09/2015	Date of Injury:	07/11/2014
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: California
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 40 year old male, who sustained an industrial injury on 7/11/14. Initial complaints were not reviewed. The injured worker was diagnosed as having carpal tunnel syndrome; lumbago and myofascial pain. Treatment to date has included status post left carpal tunnel release (1/15/15); physical therapy; medications. Currently, the PR-2 notes dated 1/28/15 indicated the injured worker is in the office as a follow-up visit. He is a status post left carpal tunnel release of 1/15/15. He reports he continues to have some improvement. He did not receive anything for acupuncture and has since been approved for four more sessions. He currently rates his pain as 4/10 in intensity and happens only when he does activity. He continues to work without restrictions and is not taking any medications except ibuprofen on a PRN basis. The provider documents a complete review of systems was performed and was all negative except for the systems as documented on the initial visit and those associated with the injury. The provider is requesting authorization of a MRI of the bilateral wrists and work conditioning of the bilateral wrists 2 x weeks for 4 weeks. Please note that in a telephone conversation with the provider per the Utilization Reviewer dated 6/3/15, the request for a "MRI wrist was withdrawn, as this was in error." The request should have been for a MRI of the cervical spine. The discussion continued regarding the work conditioning and the Utilization Reviewer noted this was previously approved on 4/2/15 and "thus, he [the provider] agrees that the request is a duplicate."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral wrists: 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): 258-260. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging).

Decision rationale: The requested MRI of the bilateral wrists is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, Pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker is status post left carpal tunnel release of 1/15/15. He reports he continues to have some improvement. He currently rates his pain as 4/10 in intensity and happens only when he does activity. He continues to work without restrictions and is not taking any medications except ibuprofen on a PRN basis. The provider documents a complete review of systems was performed and was all negative except for the systems as documented on the initial visit and those associated with the injury. The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI of the bilateral wrists is not medically necessary.

Work conditioning for the bilateral wrists, 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and WorkHardening Page(s): (s)125-126.

Decision rationale: The requested Work conditioning for the bilateral wrists, 2 x 4 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The injured worker is status post left carpal tunnel release of 1/15/15. He reports he continues to have some improvement. He currently rates his pain as 4/10 in intensity and happens only when he does activity. He continues to work without restrictions and is not taking any medications except ibuprofen on a PRN basis. The provider documents a complete review of systems was performed and was all negative except for the systems as

documented on the initial visit and those associated with the injury. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitations, nor results of previously approved work conditioning sessions. The criteria noted above not having been met, Work conditioning for the bilateral wrists, 2 x 4 is not medically necessary.