

Case Number:	CM15-0044300		
Date Assigned:	03/17/2015	Date of Injury:	12/12/2010
Decision Date:	06/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial injury on 12/12/2010. Diagnoses include status post bilateral carpal tunnel releases with residuals, status post right shoulder arthroscopy with subacromial decompression and clavicle resection, cervical spine strain rule out cervical radiculopathy, and degenerative arthritis of both hands. Treatment to date has included surgical intervention (right carpal tunnel release (8/29/2013) and left carpal tunnel release (undated), medications, diagnostics, physical therapy and injections. The latest physician progress note submitted for review is documented on 10/15/2014. The injured worker presented for a permanent and stationary evaluation. It was noted that the injured worker was approximately 1 and a half month status post carpal tunnel release. The injured worker noted discomfort in the right wrist and right shoulder. The injured worker has been off work and utilizes Celebrex on an as needed basis. The injured worker indicated that while working, due to repetitive motions, the injured worker developed discomfort in the right shoulder. Upon examination of the right upper extremity, there was a well healed incision along the right carpal tunnel. There was normal and unrestricted range of motion in all planes. Special testing was negative. There was normal sensation to light touch and pinprick in the median, radial and ulnar nerve distributions. There was no evidence of atrophy. Motor strength was 5/5. Radial and ulnar pulses were +2 bilaterally. Treatment recommendations at that time included a return to full duty work without restrictions. The injured worker had reached permanent and stationary condition and was discharged from care. There was no Request For Authorization form submitted for review.

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 without contrast: 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): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, there was no documentation of a significant functional deficit upon examination. The physical examination revealed normal findings. There was no recent physician progress note submitted for review. There is no mention of an exhaustion of any conservative treatment for the bilateral upper extremities prior to the request for an imaging study. Based on the information received, the request is not medically necessary.

MRI of the right hand without contrast: 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): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, there was no documentation of significant functional deficits upon examination. The physical examination revealed normal findings. There was no recent physician progress note submitted for review. There is no mention of an exhaustion of any conservative treatment for the bilateral upper extremities prior to the request for an imaging study. Based on the information received, the request is not medically necessary.

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