

Case Number:	CM15-0067677		
Date Assigned:	04/15/2015	Date of Injury:	07/09/2009
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal 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 28 year old female with an industrial injury dated 07/09/2009. Her diagnoses includes carpal tunnel syndrome on the right with wrist joint inflammation status post carpal tunnel release on the right side, discogenic cervical condition with facet inflammation, impingement syndrome of the shoulder bilaterally, cervicogenic headaches, depression and anxiety. Prior treatments include diagnostics, surgery, TENS unit and medications. She presents on 03/10/2015 with ongoing pain on the neck and shoulder. She also describes problems with left wrist and hand. Physical exam revealed tenderness along the wrist joint and tenderness at the base of the thumb. The plan of treatment included diagnostics to include MRI of right wrist, therapy, blood tests, stronger TENS unit, neck pillow, neck traction, soft and rigid braces for the left wrist and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand, MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) MRI's (magnetic resonance imaging). ODG Carpal Tunnel Syndrome (Acute & Chronic) MRI's (magnetic resonance imaging).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-6 Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that MRI magnetic resonance imaging has a relatively low ability to identify and define carpal tunnel syndrome CTS pathology. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) indicates that MRI magnetic resonance imaging is not recommended in the absence of ambiguous electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-6 Ability of Various Techniques to Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that magnetic resonance imaging (MRI) has nil ability to identify and define ligament and tendon strain, tendinitis, and tenosynovitis. Official Disability Guidelines (ODG) indicates that plain film X-rays should be performed before consideration of MRI. The progress report dated March 10, 2015 documented a history of right carpal tunnel syndrome status post carpal tunnel release surgery in July 2010. Physical examination demonstrated tenderness along the wrist joint. The patient could make a fist. The ulnar styloid was symptomatic. Tenderness at the base of the thumb was noted. Tenderness at the radioscaphoid joint was noted. No plain film X-rays of the wrists were documented. No electrodiagnostic studies were documented. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-6 Ability of Various Techniques to Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that MRI magnetic resonance imaging has a relatively low ability to identify and define carpal tunnel syndrome CTS pathology. Magnetic resonance imaging (MRI) has nil ability to identify and define ligament and tendon strain, tendinitis, and tenosynovitis. Official Disability Guidelines (ODG) indicates that plain film X-rays should be performed before consideration of MRI. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) indicates that MRI magnetic resonance imaging is not recommended in the absence of ambiguous electrodiagnostic studies. ACOEM and ODG guidelines do not support the request for a right wrist MRI. Therefore, the request for MRI of right wrist is not medically necessary.