

Case Number:	CM15-0068147		
Date Assigned:	04/15/2015	Date of Injury:	05/07/2014
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Colorado

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 54 year old male, who sustained an industrial injury on 5/7/2014. The injured worker was diagnosed as having cervical radiculopathy, cervical disc bulge, left shoulder pain and left carpal tunnel syndrome. Left arm electromyography (EMG) showed left C-8 radiculopathy and carpal tunnel syndrome and cervical magnetic resonance imaging showed annular bulging. Treatment to date has included physical therapy, cervical epidural steroid injection and medication management. In a progress note dated 3/10/2015, the injured worker complains of neck pain, left shoulder pain and numbness and tingling down the left upper extremity. Tenderness and swelling in the left wrist noted per treating physician and QME. The treating physician is requesting left wrist magnetic resonance imaging.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM has been consulted. For wrist and hand issues, the recommendation for or against MRI depends on the condition suspected. For carpal tunnel syndrome specifically, there is no recommendation for or against MRI for diagnosis confirmation. There is no quality evidence to support the use of MRI for carpal tunnel syndrome. For the patient of concern, he has a diagnosis of carpal tunnel syndrome on the left per electrodiagnostic studies. Per the records, the treating physician and the QME physician concern at this point is tenderness proximal to the wrist, which would not typically be related to carpal tunnel syndrome. The request then is for MRI of the left wrist for further evaluation of possible cause of new symptom, and would also be used prior to considerations for carpal tunnel release surgery, per the documentation. As patient continues to have symptoms despite treatments, and has diagnosis of carpal tunnel syndrome but with new tenderness noted on exam, MRI for further evaluation is deemed medically necessary.