MAXIMUS Federal Services

Case Number:	CM15-0072160		
Date Assigned:	04/22/2015	Date of Injury:	11/02/2012
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of November 2, 2012. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve request for MR arthrography of the wrist and hand. A March 20, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of right and left elbow pain were noted with associated paresthesias about the ring and little fingers of both hands. New electrodiagnostic testing of the bilateral extremities was sought. Reduced muscle strength about the right upper extremity was noted. The requesting provider stated that the applicant had had earlier electrodiagnostic testing suggesting a right median nerve sensory neuropathy and a right ulnar nerve sensory neuropathy. The applicant was kept off of work, on total temporary disability, while the electrodiagnostic testing, MR arthrography of the wrist and hand, and an orthopedic hand surgery were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the right wrist/hand: 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), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: No, the proposed MR arthrogram of the hand was not medically necessary, medically appropriate, or indicated here. The primary operating diagnoses here, per the treating provider's note of March 26, 2015, was carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 notes that MRI imaging is scored at one out of four in its ability to identify and define suspected carpal tunnel syndrome. It was not clearly established or clearly stated why MRI imaging was sought for a diagnosis for which it is scored poorly in its ability to identify and define, per ACOEM. It is not clear why MRI imaging was sought when earlier electrodiagnostic was positive for carpal tunnel syndrome and cubital tunnel syndrome, per the treating provider's note of March 26, 2015. Therefore, the request was not medically necessary.