

Case Number:	CM14-0139937		
Date Assigned:	09/08/2014	Date of Injury:	01/11/2013
Decision Date:	11/18/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a cumulative trauma work injury with date of injury of 01/11/13 with bilateral hand swelling while working as a supervisor. The claimant has not returned to work since February 2013. Electromyography (EMG)/nerve conduction study (NCS) testing showed findings of bilateral carpal tunnel syndrome. Treatments included medications and bracing. She underwent a left carpal tunnel release in September 2013 and right carpal tunnel release in December 2013. She had improvement afterwards. Other treatment included postoperative physical therapy. She was seen on 07/25/14. She was having ongoing right hand symptoms with pain and weakness. She was dropping things and having frequent swelling over the incision site. Pain was rated at 10/10. Prior diagnostic testing had consisted of EMG/NCS studies. Medications included Prozac 40 mg and ibuprofen 1600-200 mg per day. Physical examination findings included lateral and medial epicondyle tenderness with positive Phalen's and Finkelstein's testing. She had tenderness over the surgical scars with normal range of motion. There was a positive Tinel's over the carpal tunnel and over Guyon's canal and over the ulnar groove bilaterally. Test results were reviewed. Recommendations included scar massage and authorization for additional testing. EMG/NCS testing, an MRI scan of the right wrist, and right wrist x-rays were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (Acute & Chronic), Radiography

Decision rationale: The claimant is more than 1 years status post work-related injury with bilateral carpal tunnel release surgeries done in September and December 2013. She continues to be treated for ongoing right hand and wrist symptoms. Applicable indications for obtaining an x-ray of the wrist in this case include chronic wrist pain when it would be the first study obtained in a patient with chronic wrist pain with or without a prior injury. In this case, the claimant has been treated for carpal tunnel syndrome with prior diagnostic testing consisting of EMG/NCS studies. She would not have had a prior x-ray of the wrist and therefore the requested x-ray is medically necessary.