

<b>Case Number:</b>	CM13-0010549		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 physician 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 injured worker is a 66-year-old female who reported an injury on 09/30/2009. The injured worker reportedly had a cumulative trauma injury dated from 01/01/1995 through 07/23/2012. She is status post bilateral carpal tunnel release which was performed in 2009 and 2010 as well as status post left thumb CBC interpositional arthroplasty performed in 2012. The injured worker has persistent bilateral wrist and hand arthralgia and bilateral De Quervain's. The injured worker had undergone an MRI of the bilateral hands on 06/26/2013 and MRIs of the bilateral wrists on the same date. The injured worker also underwent electrodiagnostic studies of the bilateral upper extremities on 07/16/2013. A supplemental report dated 08/26/2013 indicates that the electrodiagnostic studies were consistent with mild carpal tunnel syndrome, with MRI of the right hand normal, MRI of the left hand noted degenerative changes in the 1st carpometacarpal joint with presumed postoperative changes further reported within the MRI of the wrist and without evidence for acute osseous, tendinous or ligamentous abnormality of the hand. The MRI of the right wrist stated negative ulnar variance with distal radial ulnar degenerative change and degenerative change at the 1st carpometacarpal joint with radial subluxation at the 1st metacarpal, relative to the trapezium. There is no evidence for acute TFCC ligamentous or tendinous abnormality. There was small volar radiocarpal synovial/ganglion cyst suggested. An MRI of the left wrist noted presumed postoperative change with degenerative change of the 1st carpometacarpal joint and edema in the trapezoid with intracarpal and degenerative change and scattered carpal bone cystic change with intracarpal effusion and synovitis. There is no evidence for acute TFCC tendinous or ligamentous abnormality with the exception of poorly visualized ligamentous structures at the 1st carpometacarpal joint. &grave;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE BILATERAL WRIST AND HANDS 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): 272.

**Decision rationale:** According to California MTUS/ACOEM, use of MRI scans prior to history and physical examination by a qualified specialist is optional. However, the injured worker has already undergone MRIs to the bilateral wrists and hands less than a year ago; and as there is no provided rationale for an additional MRI of the bilateral upper extremities, the requested service cannot be supported at this time. As such, the requested service is non-certified