

<b>Case Number:</b>	CM13-0027075		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist pain reportedly associated with an industrial strain injury of March 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; wrist splinting; nine sessions of physical therapy, per the claims administrator; an electrodiagnostic testing of the bilateral upper extremities, reportedly notable for bilateral carpal tunnel syndrome, per the claims administrator. In a Utilization Review Report dated June 21, 2013, the claims administrator denied a request for wrist MRI imaging, invoking non-MTUS ODG Guidelines exclusively. The claims administrator also stated that the applicant was scheduled for carpal tunnel release surgery. Overall rationale was scant to minimum. On April 30, 2014, the applicant was described as carrying diagnosis of right and left carpal tunnel syndrome. A rather proscriptive 10-pound lifting limitation was in place. The applicant is using Norco, Naprosyn, and Flexeril, it was stated. On March 3, 2014, the applicant received lumbar epidural steroid injection therapy and lumbar medial branch blocks. Electrodiagnostic studies dated August 28, 2013 was interpreted as showing bilateral carpal tunnel syndrome and a right ulnar neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT WRIST MRI:** 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), Wrist, MRI.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, MRI imaging is scored at 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the stated diagnosis present here. No rationale for selection of MRI imaging of the wrist was proffered in the face of the unfavorable ACOEM position on the same. It further noted that the applicant appears to have had at least one set of electrodiagnostic testing which did definitively establish a diagnosis of bilateral carpal tunnel syndrome. Therefore, the MRI in question is not indicated both owing to the fact that the applicant already has a definitive diagnosis of carpal tunnel syndrome and also owing to the fact that the MRI imaging is scored poorly by ACOEM in its ability to identify suspected carpal tunnel syndrome, the diagnosis reportedly present here. Accordingly, the request is not medically necessary.