

<b>Case Number:</b>	CM13-0028682		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Orthopedic Surgery, 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:

This is a 24-year-old who was injured in a work related accident on May 3, 2012. Specific to the claimant's right upper extremity, he is noted to be status post a right carpal tunnel release with the current working diagnosis of residual complex regional pain syndrome. Follow up report of August 23, 2013 indicated ongoing complaints of pain in the wrist stating that the previous surgery was performed on January 17, 2013 with postoperative care including physical therapy, immobilization, work restriction and medications. Physical examination findings to the hand and wrist show restricted grip strength, complaints of temperature differences to the right hand and forearm, a positive Tinel's testing, and 3+/5 strength to the right interosseous muscles compared to contralateral upper extremity. Positive Finklestein's testing and restricted range of motion was also noted. It was documented that plain film radiographs were noted needed as an MRI scan for further assessment of the claimant's current symptomatology was recommended. There was also a request for upper extremity electrodiagnostic studies given the claimant's continued neuropathic findings following the carpal tunnel release procedure. Electrodiagnostic studies were performed on September 10, 2013 and were noted to be normal. There is a report of a prior MRI scan of the wrist dated September 17, 2013 that was also noted to be unremarkable. At present, there is a request for a further MRI scan of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT WRIST:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic Resonance Imaging (MRI) Chapter.

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines and the Official Disability Guidelines do not support the request for an MRI scan of the wrist. This individual is over one year following carpal tunnel release procedure with postoperative testing including a prior MRI scan of the wrist and electrodiagnostic studies being unremarkable. In absence of further clinical findings or documentation for a change in the symptoms, the need for further imaging in this instance would not be indicated. The request for an MRI of the right wrist is not medically necessary or appropriate.