

<b>Case Number:</b>	CM13-0042578		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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:

The claimant is a 30 year old injured in a work related accident September 30, 2010. The records indicate injury to the bilateral upper extremities. The recent assessment August 28, 2013 demonstrated multiple orthopedic complaints including low back, neck and bilateral wrist pain. Specific to the wrist there was noted to be limited range of motion bilaterally, with no other findings. The claimant was diagnosed with strain to the lumbar and cervical spine and bilateral carpal tunnel syndrome. The electrodiagnostic studies for review from September 9, 2013 indicated severe bilateral carpal tunnel disease on the right and mild to moderate disease on the left. Further pertinent physical examination findings in regards to the claimant's wrist were not noted. Previous imaging in regards to the wrist was not understood.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Section.

**Decision rationale:** The California MTUS states, "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." When looking at the Official Disability Guidelines (ODG) criteria the MRI scan of the wrist bilaterally would not be supported. The claimant's working diagnosis was that of carpal tunnel syndrome which in and of itself is a self limited process that typically is diagnosed by electrodiagnostic testing. The need of bilateral wrist MRI scan in absence of clinical picture suggestive of internal derangement would not be supported.

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-265.

**Decision rationale:** The CA ACOEM Guidelines would not support electrodiagnostic studies. CA MTUS states, "In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated." The records indicate studies have already taken place in September 2013. There is no clinical indication for further or repeat testing in regards to the upper extremities with electrodiagnostic testing at the present.