Case Number:	CM13-0051774		
Date Assigned:	12/27/2013	**Date of Injury:**	03/18/2012
Decision Date:	07/25/2014	**UR Denial Date:**	10/16/2013
Priority:	Standard	**Application Received:**	11/14/2013

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 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:

This 56-year-old female assembler sustained an industrial injury on February 18, 2013, due to repetitive job duties. A left carpal tunnel release was performed on 4/25/3. The September 12, 2013 upper extremity EMG (electromyogram)/NCV (nerve conduction velocity) test revealed severe right and moderate left median nerve pathology, consistent with carpal tunnel syndrome. The October 8, 2013 treating physician report cited bilateral wrist and hand pain, right greater than left. Additional complaints included neck and back pain. Medications decreased pain and allowed function. Bilateral wrist exam documented decreased range of motion, positive Phalen's and Tinel's, pain at the distal radial ulnar junction, intact 2-point discrimination, hypoesthesia at the C6-T1 levels, and upper extremity muscle strength 3/5 on the right and 4/5 on the left. The diagnoses included cervical sprain/strain, rule-out cervical disc herniation with radiculopathy, status post left carpal tunnel release with residual, and severe right carpal tunnel syndrome. Cortisone injections were performed to both wrists. The treatment plan recommended MRIs of cervical spine, lumbar spine, and right wrist, and left wrist and hand MRI with arthrogram. The October 16, 2012 utilization review denied the request for left wrist as there was no indication of red flags and recent conservative treatment had not been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI arthrogram of the left 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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI's (Magnetic Resonance Imaging).

Decision rationale: The California Medical Treatment Utilization Schedule (MUTS) does not provide imaging recommendations in chronic wrist/hand complaints. In general, the Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommend imaging for red flag conditions. The Official Disability Guidelines recommend MRI or arthrogram when indications have been met. Criteria for imaging in chronic wrist/hand pain include suspicion of soft tissue tumor or Kienbock's disease. Guideline criteria have not been met. There is no physical exam evidence suggestive of a red flag condition. There is no evidence of fracture, tumor, infection, ligamentous injury, metocarpophalangeal injury, Lyme disease, or avascular necrosis. Therefore, this request for left wrist MRI arthrogram is not medically necessary.