

<b>Case Number:</b>	CM13-0053030		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Family Practice 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 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 patient is a 56-year-old female who reported an injury on 01/11/2013. The mechanism of injury was continuous trauma related to the performance of job duties. The subsequent diagnoses include bilateral carpal tunnel syndrome and cervical strain with radiculopathy. At the time of the reported injury, the patient was noted to have full range of motion of the bilateral wrists, 5/5 muscle strength, and no tenderness to palpation. Her upper extremity reflexes were 4/4, sensation was intact, and there was no evidence of muscle atrophy. X-rays of the bilateral hands and wrists were normal at this time, and she was given injections of IM steroids. In 02/2013, the patient returned to the clinic reporting a worsening of symptoms; however, there was no change in her physical exam findings. At this time, she was noted to have negative Phalen's test, but positive Tinel's signs bilaterally. At this time, the patient was prescribed a Medrol Dosepak, as well as pain medications. An EMG/NCS was requested and was performed on 03/06/2013. The results of the EMG/NCS revealed a severe left carpal tunnel syndrome with no evidence of ulnar or radial neuropathy, or significant cervical radiculopathy. Although there was no evidence that therapy had been performed, the patient was referred for carpal tunnel release on 03/06/2013. This surgery was performed on 04/25/2013, followed by appropriate postoperative physical therapy. The patient later developed lower back pain with radiation to the bilateral lower extremities and received therapy to treat this condition. The patient's carpal tunnel release provided some benefit; however, she still reports severe pain upon squeezing, lifting, pulling, and pushing. She was prescribed another course of physical therapy, emphasizing strength and transitioning to home care. She received another EMG/NCS of the bilateral upper extremities that resulted in severe right carpal tunnel syndrome and was referred for another decompression surgery; however, it is unclear if this was ever performed. Although the patient was noted to have an unspecified decrease in range of motion of the left wrist, it is

unclear why an MRA of this area is being requested. There was no other clinical information submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Arthrogram of the Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines do not recommend arthrography in identifying or defining forearm, wrist, and hand pathologies. Furthermore, the patient has already received surgery for her left wrist complaints, and other than strength deficits, there were no other complaints to indicate the need for an imaging study. The patient received a second EMG/NCS of the upper extremities post surgery that did not reveal any nerve problems in the left wrist. In addition, arthrography is only recommended if obtained prior to history and physical examination. As the patient has been treated for approximately 1 year for this injury, and there is no indication as to why this study is being requested, it is not warranted at this time. As such, the request for MRI Arthrogram of the left wrist is non-certified.