

<b>Case Number:</b>	CM13-0061056		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is 58 year old female who has filed a claim for radial styloid tenosynovitis associated with an industrial injury date of October 20, 2011. Other associated diagnoses include bilateral carpal tunnel syndrome, neuropathy of the ulnar nerve at Guyon's canal, de Quervain's disease, and intersection syndrome. Treatment to date has included oral pain medications, thumb splint, cortisone injection left thumb, and physical therapy. Medical records from 2012 through 2014 were reviewed showing the patient complaining of pain in the left wrist towards the thumb side as well as the left hand and all fingers. There is also numbness of the fingers in the left hand. There is noted weakness of the left hand as well as difficulty gripping and grasping with the left hand. On examination, there was pain present with palpation of the ulnar nerve and lateral epicondyle bilaterally. There was tenderness over the volar aspect of the MCP joints. Motor strength for the left wrist was reduced compared to the right side. There was decreased sensation over the median nerve and ulnar nerve distributions bilaterally. Phalen sign, Tinel sign, and median nerve compression test were all negative bilaterally. Electrodiagnostics from August 2013 revealed mild carpal tunnel syndrome bilaterally, left greater than the right. The disputed issues are a request for x-ray of the left thumb and MRI of the left wrist. Utilization review from November 8, 2013 denied the requests for x-ray of the left thumb and MRI of the left hand. The hand surgeon consultation noted concerns over the bilateral ulnar neuropathy at the cubital tunnel level as well as the Guyon's canal and bilateral median neuropathy at the carpal tunnel level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY OF THE LEFT THUMB (SERIES OF 3 VIEWS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

**Decision rationale:** CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Forearm, Wrist, and Hand, Radiography was used instead. ODG states that radiography is indicated for acute hand or wrist trauma. In this case, there is no indication of acute trauma to the hand or wrist. The patient had an x-ray of the left thumb in January 2013 which was negative. There is no discussion concerning the need for another x-ray of the left thumb. Therefore, the request for X-Ray of the Left Thumb is not medically necessary.

**MRI OF THE LEFT HAND: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand(updated 5/8/13).

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

**Decision rationale:** In the case of this injured worker, there is documentation of chronic wrist pain. The consultation note by the hand surgeon on 8/16/2013 indicates that there is concern at the left first dorsal compartment and left carpal bones/ligaments. Examination revealed continued tenderness to palpation for intersection test, +Finkelstein's test, +Grind test, and CMC-1 stress load. There is also tenderness in the volar aspect of the MCP joints. The provider states there is also concern for median neuropathy, but this issue diagnostically was addressed with an electrodiagnostic from August 2013, which showed mild carpal tunnel syndrome bilaterally with no other mentions of ulnar nerve neuropathy peripherally. The guidelines above state that MRI is advocated for chronic wrist pain and allows examination of "osseous and soft tissue structures." Therefore, the request for MRI of the Left Hand is medically necessary.