

<b>Case Number:</b>	CM14-0102303		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 a 46 year old female who sustained an injury on 1-10-2012 when she was injected with a poultry vaccine to the dorsum of the right hand. She subsequently developed right hand and wrist pain. The injection site was surgically debrided. Subsequently, she was diagnosed with carpal tunnel syndrome on the same side and underwent a carpal tunnel release surgery on 7-24-2013. Since the surgery she reported her pain has intensified. She is now complaining of a painful swelling adjacent to the surgical site, right hand wrist and forearm pain, and inability to use the right upper extremity meaningfully. She has been diagnosed with a chronic regional pain syndrome, carpal tunnel surgery, and a right on their nerve sensory neuroma. She is been treated with oral pain medication, topical pain relieving creams, and physical and occupational therapy. It has been suggested to her that she have a stellate ganglion block but she has so far been reluctant. A note from the qualified medical examiner from 6-24-2014, states that x-rays of the right wrist and hand for any osseous abnormality from chronic regional pain syndrome. An MRI of the same region may be considered a currently no trophic changes were observed related to the chronic regional pain syndrome. Any information obtained will not likely be significant regarding treatment. He also recommended surgery to remove the sensory neuroma, to stellate ganglion blocks per year, to steroid injections to the hand for a year, continued use of medication and TENS unit. The physical exam has revealed tenderness of the pads of the hand and diminished range of motion of the wrist. She has a positive Tinel's, sign a positive Phalen sign, and has diminished sensation of the entire dorsum of the hand.

### 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 and Hand: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Chronic Pain Section>, <Chronic Regional Pain Syndrome Topic>.

**Decision rationale:** Chronic regional pain syndrome (CRPS) is defined diagnostically by the following criteria: the presence of an initiated noxious event or cause of immobilization at least to the development of the syndrome; continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event; evidence of sometime of edema, changes in skin blood flow, or abnormal pseudo-motor activity in the pain region and the diagnosis is excluded by the existence of conditions that would otherwise a conflict degree of pain or dysfunction. The use of MRI is not specifically recommended for the diagnosis of CRPS due to low specificity of findings. CRPS findings in hand pathology include bone marrow edema of the carpals, skin edema, uptake of the skin, joint effusion and intraarticular uptake. In this instance, a statement from the qualified medical examiner stated that an MRI scan may be considered of the hand and wrist but that no trophic changes were observed related to chronic regional pain syndrome. The information obtained will not likely be significant regarding treatment. Therefore, the request for an MRI of the right wrist and hand is not medically necessary.