

<b>Case Number:</b>	CM14-0011477		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/12/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, lateral epicondylitis, and upper extremity paresthesias reportedly associated with cumulative trauma at work through April 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; platelet-rich plasma injections; transfer of care to and from various providers in various specialties; wrist splinting; and reported return to regular duty work. In a Utilization Review Report of January 10, 2014, the claims administrator approved a request for electrodiagnostic testing of the bilateral upper extremities to evaluate the applicant's residual upper extremity paresthesias following earlier carpal tunnel release surgery. Wrist MRIs were denied, citing paraphrased ACOEM Guidelines and ODG Guidelines. Elbow MRI imaging was also denied. The applicant's attorney subsequently appealed. In a December 30, 2013 progress note, the applicant was described as reporting persistent bilateral hand, wrist, forearm, and elbow pain with associated paresthesias. The applicant was still symptomatic after left carpal tunnel release surgery and left elbow epicondylar reconstruction surgery. X-rays of the elbows, hands, wrists, and forearms were noted and reportedly read as normal. In a December 20, 2013 progress note, the applicant was placed off of work, on total temporary disability. In an April 8, 2013 medical-legal evaluation, the applicant was described as working. It was suggested that the applicant continue to work. In a progress note of May 31, 2013 the applicant was described as carrying diagnosis of right elbow lateral epicondylitis, bilateral shoulder tenderness, right carpal tunnel syndrome, and left carpal tunnel status post left carpal tunnel decompression surgery. It appears that the MRI studies in question were ordered on a doctor's first report with a new attending provider dated December 30, 2013. This note was blurred as a result of repetitive photocopying. The applicant was given a diagnosis of bilateral upper extremity pain and paresthesias. The rationale for the testing was that

the electrical studies were needed to assess the electrophysiologic state of the major peripheral nerves of the upper extremities to determine whether or not the applicant had any residual pathology affecting her proximal forearms, including radial nerve pathology. Nonspecifically diagnosed bilateral upper extremity pain and upper extremity paresthesias were given. MRI imaging was reportedly endorsed to evaluate the soft tissues of the hands, wrists, and forearms.

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

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

#### **BILATERAL WRIST MRI: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRIs (Magnetic Resonance Imaging).

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

**Decision rationale:** The operating diagnosis given here is that of right and left hand carpal tunnel syndrome. As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 11, Table 11-6, page 269, however, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the issue present here. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would counter the unfavorable recommendation on electrodiagnostic testing for carpal tunnel syndrome, the suspected diagnosis here. It is further noted that repeat electrodiagnostic testing to help definitively establish the diagnosis of residual carpal tunnel syndrome following earlier carpal tunnel release surgery has already been approved through the Utilization Review process. It would be more appropriate to determine the outcome of the same before a test with a less favorable ACOEM recommendation, wrist MRI imaging, is considered. Therefore, the request for Bilateral Wrist MRI is not medically necessary.

#### **BILATERAL ELBOW MRI: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRIs (Magnetic Resonance Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, 2007, Elbow Complaints Chapter, Table 4, page 42.

**Decision rationale:** In this case, the operating diagnosis given is that of lateral epicondylitis. However, as noted in the 2007 ACOEM Elbow Complaints Chapter, Table 4, page 42, MRI imaging for suspected epicondylalgia is "not recommended." In this case, the attending provider has not clearly stated why or how MRI imaging is needed here. Again, the stated diagnoses were those of possible radial nerve injury and carpal tunnel syndrome. Neither those diagnoses nor the

ancillary diagnosis of lateral epicondylitis are considered diagnoses which are amenable to detection on MRI imaging, per the ACOEM Practice Guidelines, Chapter 10, Table 4, page 42. Again, no applicant-specific rationale was attached so as to try and offset the unfavorable ACOEM recommendations. No clear operating diagnosis or differential diagnoses were provided. The request for Bilateral Elbow MRI not medically necessary.

**BILATERAL FOREARM MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRIs (Magnetic Resonance Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, 2007, Special Studies Section, page 33; Elbow Complaints Chapter, Table 4, page 42.

**Decision rationale:** Again, as with the request for elbow MRI imaging, the ACOEM Practice Guidelines, Chapter 10, Table 4, notes that MRI imaging is "not recommended" for suspected epicondylalgia, one of the diagnostic concerns suspected here. It is further noted that the updated 2007 ACOEM Elbow Complaints Chapter, page 33, notes the criteria for ordering imaging studies include evidence that an imaging study result will substantially alter the treatment plan and/or evidence that the applicant would in fact undergo a surgical or invasive treatment if correctable lesion is identified. In this case, however, it is not clearly stated how, if, or why the proposed imaging studies would alter the treatment plan. It does not appear that the applicant is intent on pursuing further surgery, based on the admittedly sparse information on file. The request for Bilateral Forearm MRI is not medically necessary.