

<b>Case Number:</b>	CM14-0012829		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 chronic hand pain, wrist pain, neuromas, and contractures of the fingers apparently associated with a complex laceration injury of August 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; apparent surgical repair of an earlier partial median nerve laceration; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 16, 2014, the claims administrator denied a request for retrospective MRI of the wrist. The claims administrator apparently invoked non-MTUS ODG Guidelines in its rationale. The applicant's attorney subsequently appealed. A June 4, 2014 progress note is notable for comments that the applicant had a complex laceration of the thenar eminence with radial digital neuroma, contracture of the IP and MCP joints, an entrapment interdigital neuroma, and chronic hand and wrist pain. The applicant also had derivative complaints of anxiety and depression. The applicant was placed off of work, on total temporary disability. Protonix was renewed. Electrodiagnostic testing of August 23, 2013 was notable for compromise of the median nerve supplying the left thenar muscle. Wrist MRI imaging of September 6, 2013 was notable for a dorsal intercalated segmental instability and a minimal radiocarpal joint effusion. In a November 20, 2013 medical-legal evaluation, the applicant was given a diagnosis of tendon and nerve laceration repair about the volar aspect of the left hand. It was suggested that the applicant was off of work. It was suggested that the applicant was not at maximum medical improvement and was receiving physical therapy at this point in time. On January 8, 2014, the applicant was placed off of work, on total temporary disability. The treating provider stated that he was planning to pursue a left index finger and left thumb manipulation under anesthesia surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MAGNETIC RESONANCE IMAGING LEFT WRIST, HAND RETROSPECTIVE:**

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): 269.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-6, MRI imaging is scored at 1 out of 4 in its ability to identify and define carpal tunnel syndrome. In this case, the applicant had a median nerve injury, essentially analogous to carpal tunnel syndrome. This was established via earlier electrodiagnostic testing of August 2013. It was not clearly stated why MRI imaging of the wrist was need if the applicant already had a definitive diagnosis of median nerve compromise following a complex laceration injury. The study in question, moreover, was performed, was largely negative and failed to uncover any specific pathology which might be amenable to surgical correction. Therefore, the request was not medically necessary, for all of the stated reasons.