

<b>Case Number:</b>	CM14-0158539		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Internal 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 (IW) is a September 25, 2012. The mechanism of injury occurred due to repetitive hand motion. The IW sustained injury left and right wrist and hand pain with paresthesias. Pursuant to the doctor's first report dated May 2, 2014, the IW complains of bilateral numbness and tingling of hands, left worse than right and wrist pain. She states that her symptoms are worsening with pain radiating intermittently to the elbows and bilateral shoulders. Examination reveals right and left dorsal wrist with mobile tender mass. There is bilateral tenderness to elbows and bilateral volar wrists. There is pain and positive compression maneuver at right carpal tunnel 2 seconds, and left carpal tunnel 3 seconds, with positive Scratch collapse test bilaterally. The Electromyography (EMG)/Nerve Conduction Velocity (NCV) dated November 1, 2013 was within normal limits. X-rays of the right and left hand is said to be within normal limits. The IW was diagnosed with carpal tunnel syndrome, ganglion cyst, and lateral epicondylitis, all bilaterally. The ultrasound report of the bilateral wrists dated July 3, 2014 reports the following: Possible ganglions are identified in the tendon sheaths; this is difficult to characterize on this examination; carpal tunnel and other tendinous and ligamentous injuries cannot be ruled out. Pursuant to the progress noted dated September 2, 2014, the injured worker's complaints are unchanged. The examination reveals tender firm mobile masses of the bilateral dorsal wrists with pain on active flexion and dorsiflexion of the wrists. The recommendations are for MRI of the bilateral wrists and bilateral carpal tunnel release with removal of bilateral ganglion wrist masses.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section; MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the right wrist is not medically necessary. The ODG enumerates the indications for magnetic resonance imaging. They include, but are not limited to, chronic wrist pain, plain films normal, suspect soft tissue tumor. In this case, the injured worker had painful masses in both wrists associated with range of motion and numbness in both hands. The injured worker underwent a diagnostic ultrasound that showed positive ganglions in the tendon sheath. An EMG was normal. The diagnosis is clearly noted based on the clinical symptoms and the diagnostic ultrasound noted above. Consequently an MRI of the right wrist is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI evaluation of the right wrist is not medically necessary.

**MRI of The Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the left wrist is not medically necessary. The ODG enumerates the indications for magnetic resonance imaging. They include, but are not limited to, chronic wrist pain, plain films normal, suspect soft tissue tumor. In this case, the injured worker had painful masses in both wrists associated with range of motion and numbness in both hands. The injured worker underwent a diagnostic ultrasound that showed positive ganglions in the tendon sheath. An EMG was normal. The diagnosis is clearly noted based on the clinical symptoms and the diagnostic ultrasound noted above. Consequently an MRI of the left wrist is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI evaluation of the left wrist is not medically necessary.