

<b>Case Number:</b>	CM14-0049427		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 patient is a 55-year-old female who has submitted a claim for unspecified arthropathy, and severe first metacarpocarpal joint bilateral hands arthritis, associated with an industrial injury date of July 24, 2013. Medical records from 2013-2014 were reviewed. The patient complained of pain in both hands. There were pins and needles noted on the left hand and there was increased pain on her right first metacarpal joint. Physical examination showed first metacarpocarpal joint tenderness and swelling, more on the right than the left. Range of motion of the first metacarpocarpal joints was decreased. There was positive Tinel's sign and median nerve compression test on the left. There was right hand Tinel long lasting most of the time, and permanent median nerve compression with dysesthesias to the right long digit. Abductor pollicis brevis wasting was noted bilaterally, left more than the right. Electromyography (EMG)/nerve conduction velocity (NCV) of the upper extremities, dated September 18, 2013 revealed electrophysiologic evidence suggestive of left C7 chronic radiculopathy with 70% motor axonal loss, and mild bilateral chronic median mononeuropathies at the wrists with 50% right sensory and 80% left motor axonal loss. X-ray of both wrists, dated May 17, 2013, revealed moderately severe osteoarthritis of the first carpo-metacarpal joint of both hands, right worse than the left. Treatment to date has included medications, physical therapy, home exercise program, activity modification, right knee arthroscopic surgery, and right knee viscosupplementation. Utilization review, dated March 21, 2014, denied the request for MRI joint upper extremity without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint upper extremity without dye:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Section, Magnetic Resonance Imaging.

**Decision rationale:** CA MTUS ACOEM Practice Guideline state that an MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbock disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; to diagnose suspected soft-tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. ODG states that MRI has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. In this case, the rationale of the request was to gauge the level of arthritis of the first carpometacarpal joint bilaterally. However, this is not included in the guideline recommended indications stated above. Furthermore, the present request failed to specify the specific body part and joint in the upper extremities to be imaged. Therefore, the request is not medically necessary.