Case Number:	CM14-0053381		
Date Assigned:	07/07/2014	**Date of Injury:**	09/19/2013
Decision Date:	09/04/2014	**UR Denial Date:**	03/28/2014
Priority:	Standard	**Application Received:**	04/22/2014

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 35-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of September 19, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of right wrist pain rated 7/10 with numbness in all of the fingers radiating up to the elbow. These were accompanied by frequent spasms in the right thumb along with popping, and frequent numbness and tingling of the right 3rd and 4th digits. Physical examination of the right wrist showed limitation of motion; tenderness along the carpal tunnel with positive Tinel's; tenderness over the first extensor, scaphotrapeziotrapezoid (STT) joint and carpometacarpal (CMC) joint; and weakness with thumb abduction secondary to pain. Electromyography (EMG) studies performed on November 6, 2013 demonstrated severe carpal tunnel syndrome on the right with absent median and sensory latencies and prolonged motor latencies. There was also denervation of the right abductor pollicis brevis muscles. Current diagnoses include; carpal tunnel syndrome status post release (December 27, 2013) with persistent symptomatology, right, and tenosynovitis of the A1 pulley on the right thumb. Treatment plan includes a request for an MRI of the right wrist for evaluation. Treatment to date has included oral analgesics, carpal tunnel release, wrist brace, hot/cold modalities, physical therapy, and occupational therapy. The Utilization Review from March 28, 2014 denied the request for MRI of the right wrist due to a concurrent request for an EMG of the affected area. The outcome of this study should first be assessed prior to proceeding with additional diagnostic studies as the results of EMG may be sufficient to address appropriate treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foreardm , Wrist & Hand.

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) Carpal Tunnel Syndrome Chapter, MRI's (magnetic resonance imaging).

Decision rationale: According to pages 254 of the ACOEM Guidelines Forearm, Wrist, and Hand Complaints referenced by CA MTUS, "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 Kienbck 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 does not recommended MRI in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected CTS for the foreseeable future. In this case, a Nerve Conduction Study (NCS) was performed on November 6, 2013 and demonstrated severe carpal tunnel syndrome on the right. The guideline only recommends MRI of the wrist when electrodiagnostic studies are ambiguous. Moreover, there was no discussion regarding additional benefits from MRI that may alter course of treatment. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Magnetic Resonance Imaging (MRI) of the Right Wrist is not medically necessary.