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| <b>Case Number:</b>   | CM14-0069270 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 09/19/2013 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 05/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2014 |

### 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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 is a 35 year old female who suffered an injury on 09/19/13 due to repetitive use of a knife to chop ingredients. The patient is diagnosed with carpal tunnel syndrome (CTS) of the right wrist and is status post right carpal tunnel release and flexor tenosynovectomy performed on 12/27/2013. The patient participated in an unspecified total number of postoperative physical therapy and completed an 8 visit session on 03/17/14. Physical therapy note dated 03/17/14 noted the patient demonstrated improving wrist and thumb range of motion (ROM) and improved grasp with continued deficits in these areas along with CMC irritability and right thumb triggering. Qualified Medical Examination (QME) performed on 03/18/14 revealed positive Tinel's, tenderness at the scaphotrapezotrapezoidal (STT) joint and (carpometacarpal) CMC joint with weakness with thumb abduction secondary to pain. An MRI and an electromyography (EMG) of the right wrist are requested. The request for the electromyography and nerve conduction studies (EMG/NCV) of bilateral upper extremities was approved by utilization review on 03/28/14. The request for the MRI of the right wrist was denied by utilization review dated 05/01/14. The records do not include a recent EMG/NCV study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging ), right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ,Forearm ,Wrist & Hand ,MRIs (UPDATED 02/18/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, MRIs section.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) supports the use of electrodiagnostic studies to evaluate computed tomography's (CT's) but does not address the use of an MRI for this condition. A diagnostic study in the form of an electromyography and nerve conduction studies (EMG/NCV) has been approved by utilization review decision dated 03/28/14. This study was not included for review and submitted documentation does not indicate that the study had been performed. Per Official Disability Guidelines (ODG), MRIs are not recommended for the evaluation of a diagnosis of carpal tunnel syndrome until electrodiagnostic studies are obtained and found to be ambiguous. As records do not demonstrate compliance with guideline recommendations, medical necessity of an MRI of the right wrist is not established. Thus the request is not medically necessary.