

<b>Case Number:</b>	CM14-0181266		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Maryland. 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 employee was a 58 year old male who sustained an industrial injury on 10/16/2001. The diagnoses included bilateral carpal tunnel syndrome and bilateral ulnar nerve palsy. The clinical note from 10/17/14 was reviewed. Subjective complaints included numbness bilaterally of hands which wake him up at night and increased pain about the medial aspect of his right wrist. Objective findings included positive Phalen's sign and Durkan's sign bilaterally with tenderness upon palpation of the medial aspect of his right wrist. The request was for MRI right wrist and nerve conduction testing of right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MRI (Magnetic Resonance Imaging). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Forearm, Wrist & Hand Procedure Summary; Indications for MRI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and Wrist complaints, MRI.

**Decision rationale:** The employee was a 58 year old male who sustained an industrial injury on 10/16/2001. The diagnoses included bilateral carpal tunnel syndrome and bilateral ulnar nerve palsy. The clinical note from 10/17/14 was reviewed. Subjective complaints included numbness bilaterally of hands which wake him up at night and increased pain about the medial aspect of his right wrist. Objective findings included positive Phalen's sign and Durkan's sign bilaterally with tenderness upon palpation of the medial aspect of his right wrist. The request was for MRI right wrist and nerve conduction testing of right upper extremity. The ACOEM guidelines on Wrist and Hand complaints recommend imaging studies in the presence of red flag symptoms and signs. ODG recommends MRI for acute hand or wrist trauma, in the setting of suspected distal radius fracture with normal radiographs, suspected acute scaphoid fracture with normal radiographs, suspected game keeper injury, suspected soft tissue tumor and suspected Kienbock's disease. The employee had chronic wrist pain in the medial aspect of his right wrist and numbness of hands. Objective findings included tenderness over medial aspect of right wrist. The request was for MRI of right wrist. There are no red flags and the employee was being treated for carpal tunnel syndrome and ulnar neuropathy. There no documentation of recent hand or wrist trauma. Therefore, there is no evidence of medical necessity for the MRI of right wrist. The request for MRI of right wrist is not medically necessary or appropriate.

**Nerve conduction test (right upper extremity):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Carpal Tunnel Syndrome Procedure Summary; Electrodiagnostic Studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand Complaints Page(s): 271-273.

**Decision rationale:** The employee was a 58 year old male who sustained an industrial injury on 10/16/2001. The diagnoses included bilateral carpal tunnel syndrome and bilateral ulnar nerve palsy. The clinical note from 10/17/14 was reviewed. Subjective complaints included numbness bilaterally of hands which wake him up at night and increased pain about the medial aspect of his right wrist. Objective findings included positive Phalen's sign and Durkan's sign bilaterally with tenderness upon palpation of the medial aspect of his right wrist. The request was for MRI right wrist and nerve conduction testing of right upper extremity. According to ACOEM guidelines on Forearm, Wrist and Hand complaints, nerve conduction studies are recommended for median or ulnar impingment at the wrist after failure of conservative treatment. The employee was using a brace and had wrist pain with positive Durkan's test and Phalen's test. The request for nerve conduction studies of right upper extremity is medically necessary and appropriate.