

<b>Case Number:</b>	CM14-0187473		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 11, 2013. In a Utilization Review Report dated November 5, 2014, the claims administrator approved a request for Motrin, denied a wrist MRI, approved electrodiagnostic testing of bilateral upper extremities, and denied a wrist x-ray. The claims administrator contented that the request represented a repeat request. The claims administrator referenced a September 5, 2014, progress note in its determination. The applicant's attorney subsequently appealed. On July 25, 2014 progress note; the applicant consulted an orthopedic hand surgeon, reporting issues with bilateral hand and wrist pain allegedly secondary to cumulative trauma at work. The applicant had undergone a left carpal tunnel release surgery and postoperative physical therapy. Persistent complaints of pain associated with gripping and grasping were appreciated, along with nocturnal paresthesias. The applicant was on Prozac and Motrin. The applicant reported difficulty gripping and grasping with her right hand. Positive Phalen maneuvers were noted about the bilateral hands, right greater than left. Well-healed postoperative scars were noted about the bilateral carpal tunnels. Positive Finkelstein maneuvers were noted about the right. The applicant reportedly had electrodiagnostic testing of April 8, 2013, demonstrating moderate bilateral carpal tunnel syndrome. The attending provider suggested that the applicant undergo MRI imaging of the right wrist and electrodiagnostic testing of the bilateral upper extremities to determine the source of the applicant's ongoing pain complaints. X-rays imaging of the wrist was also sought. Massage therapy was endorsed. The applicant was given work restrictions. It did not appear that

the applicant was working with said limitations in place. On September 5, 2014, the attending provider reiterated his request for x-rays of the wrist, MRI imaging of the wrist, and electrodiagnostic testing of the bilateral upper extremities. The applicant was given a diagnosis of bilateral carpal tunnel syndrome status post left and right carpal tunnel release surgery with residual postoperative complaints.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-ray exam of the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand, Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6, 269.

**Decision rationale:** The operating diagnosis insofar as the hand and wrist are concerned is carpal tunnel syndrome. As noted in the MTUS Guidelines in Chapter 11, Table 11-6, page 269, plain film radiography scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. The attending provider did not clearly outline why x-ray imaging was being sought here as it is scored poorly by ACOEM in its ability to identify and define the suspected diagnosis here, namely carpal tunnel syndrome. Therefore, the request is not medically necessary.

**MRI, right wrist, with STIR images:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand, MRI's (Magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-6, 269.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269, MRI imaging has scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., the diagnosis reportedly present here. The attending provider's progress notes did not contain any compelling applicant specific rationale, which would support usage of wrist MRI imaging for a diagnosis for which it is poorly scored in its ability to identify and define. Therefore, the request is not medically necessary.