

<b>Case Number:</b>	CM14-0200198		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 26-year-old male who was injured on August 27, 2014. The patient continued to experience pain in his right wrist, elbow, and arm. Physical examination was notable for tenderness over the first dorsal compartment and positive Finkelsteins test. Diagnoses included de Quervain's tenosynovitis, sprain right wrist, and strain right forearm. Treatment included splint, medications, and physical therapy. Request for authorization for MRI of the right wrist was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist MRI:** 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 (ODG); Forearm, Wrist, and Hand Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (CTS), MRI's

**Decision rationale:** MRI's of the wrist for carpal tunnel syndrome are patient are Not recommended 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, but MR imaging may contribute to the diagnosis of CTS for patients with ambiguous electrodiagnostic studies and clinical examinations. In this case the patient had not had electrodiagnostic testing. Electrodiagnostic studies are the tests of choice. MRI of the wrist is not indicated. The request should not be authorized.