Case Number:	CM15-0007123		
Date Assigned:	01/22/2015	**Date of Injury:**	07/17/2008
Decision Date:	03/17/2015	**UR Denial Date:**	12/11/2014
Priority:	Standard	**Application Received:**	01/13/2015

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: California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65-year-old security guard reported injuries to her left wrist, elbow, shoulder, and knee after a fall on 7/17/08. Her medical history is notable for hypertension and diabetes and for a stroke which occurred after her injury, and which left her with left hemiplegia. Her industrial diagnoses have included left carpal tunnel syndrome, complex regional pain syndrome of the left upper extremity, and left lateral epicondylitis. Treatment to date has included a carpal tunnel release in 2009 with a revision performed 3/18/14, a stellate ganglion block, steroid injections of the wrist, elbow and shoulder, oral and topical medications, and EMPI unit therapy. At a 12/8/14 visit with the treating surgeon, the patient complained of left hand and arm heaviness with pain in the palm of her hand. On exam, she had tenderness of the volar wrist, weak grip strength, and normal sensation in all fingers and negative Tinel's test in the left hand. The surgeon requested an MRI of the left wrist to evaluate for any change after the revision. The surgeon stated that the pre-operative MRI showed edema and flattening of the median nerve and that the patient would need an injection if edema was still present. The patient is not working. On 12/11/14, Utilization Review non-certified a MRI of left wrist. The California MTUS/ACOEM and ODG were cited (Forearm, wrist, and hand chapter in both cases).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left 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 (ODG), Forearm, Wrist, and Hand, MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome Chapter, MRI

Decision rationale: According to the ACOEM guideline above, electrodiagnostic testing is far more likely to be able to identify wrist pathology in cases of carpal tunnel syndrome (CTS) than is MRI. The ODG reference states that MRI is not recommended for carpal tunnel syndrome in the absence of ambiguous electrodiagnostic studies (EDS). EDS are likely to remain the pivotal diagnostic exam for patients with suspected CTS for the foreseeable future, but MRI may contribute to the diagnosis of CTS for patients with ambiguous EDS and clinical exam.The clinical documentation in this case does not support the performance of a left wrist MRI. The patient clearly has ongoing pain after her carpal tunnel release revision, but does not have symptoms or exam findings suggestive of CTS. Her ongoing hand weakness appears to be due to her stroke. The surgeon is concerned about continued median nerve edema, which means that she is concerned about continued CTS. If a confirmatory study is needed before a repeat steroid injection of the wrist, the most appropriate study would be electrodiagnostic testing. It is not actually clear that a confirmatory study is needed: steroid injection of the carpal tunnel area is often performed as both a diagnostic and therapeutic measure.Taking into account the evidence-based citations above and the clinical documentation provided for my review, an MRI of the left wrist is not medically necessary. It is not medically necessary because it is not the appropriate study to confirm the presence of continued CTS prior to a wrist injection, and because it is not clear that any confirmatory study is needed before, the injection could be performed.