

<b>Case Number:</b>	CM15-0104594		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, New York, 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 54-year-old who has filed a claim for chronic hand, wrist, and knee pain reportedly associated with an industrial injury of October 5, 2011. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for hand MRI imaging. The claims administrator referenced a November 20, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On said December 20, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of low back, wrist, hand, and knee pain, 10/10. The note was very difficult to follow, and not altogether legible. Pre-printed check boxes were employed, in large part. Extracorporeal shock wave therapy, urine drug testing, DNA testing, chiropractic manipulative therapy, acupuncture, and multiple dietary supplements were endorsed while the applicant was kept off of work, on total temporary disability. The applicant apparently did exhibit a positive Tinel and Phalen signs about the wrist, it was suggested. On November 20, 2014, the applicant was again placed off of work, on total temporary disability, while x-rays of the hands and knees, MRI imaging of the hands and knees, various dietary supplements, 12 sessions of physical therapy, unspecified amounts of acupuncture, and urine drug testing were endorsed while the applicant was kept off of work, on total temporary disability. The attending provider did not clearly state what diagnosis and/or diagnoses were suspected insofar as the injured body parts were concerned. In a RFA form dated February 6, 2015, the applicant was given a number of diagnoses, including carpal tunnel syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hand MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2015 Updates: forearm, wrist, hand chapter MRIs (magnetic resonance imaging).

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

**Decision rationale:** No, the proposed MRI of the hand was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269, MRI imaging is scored 1 out of 4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., the stated diagnosis reportedly present here. The attending provider's handwritten progress notes and pre-printed checkboxes failed to furnish a clear, compelling, or cogent applicant-specific rationale for the request at hand. It was not clearly stated why MRI imaging was being sought for a diagnosis for which it was rated as comparatively poorly in its ability to identify and define, per ACOEM. Therefore, the request was not medically necessary.