

<b>Case Number:</b>	CM15-0139273		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 33-year-old who has filed a claim for chronic wrist, arm, forearm, and shoulder pain reportedly associated with an industrial injury of August 8, 2013. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for MRI imaging of the hand and wrist. The claims administrator referenced a May 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said May 19, 2015 handwritten progress note, the applicant was described as having hand pain and paresthasias. Hyposensorium was noted about the ulnar distribution of the hand. Large portions of the progress note were difficult to follow and not entirely legible. MRI imaging of the hand and a hand surgical consultation were endorsed. The applicant was placed off work, on total temporary disability. On June 16, 2015, the applicant again reported ongoing complaints of hand and wrist pain and paresthasias. Hyposensorium was noted about the ulnar nerve distribution. MRI imaging of the hand and wrist and a hand surgery consultation were endorsed. Acupuncture and physical therapy were prescribed while the applicant was kept off work, on total temporary disability.

### 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 hand and wrist without contrast material:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272; 269.

**Decision rationale:** No, the proposed MRI imaging of the hand and wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that MRI imaging of the hand and wrist is deemed "optional" prior to history and physical examination by qualified specialist, here, however, little-to-no applicant-specific information or rationale accompanied the request for authorization. The handwritten progress notes of June 16, 2015 and May 19, 2015 were difficult to follow, not entirely legible and did not furnish a differential diagnosis. It was not stated what diagnosis the proposed MRI of the hand and wrist was being ordered to elucidate. The applicant's complaints of left hand paresthesias suggests that carpal tunnel syndrome could be a possibility, although it appears that the applicant's paresthesias were more in the ulnar nerve distribution than in the median nerve distribution. Nevertheless, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging of the wrist a 1/4 in its ability to identify and define suspected carpal tunnel syndrome and, by implication, other potential neurologic or neuropathic diagnosis such as the ulnar nerve injury seemingly suspected here. It is not clearly stated why MRI imaging was being sought prior to evaluation by the hand surgeon. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the MRI imaging in question. It is not clearly stated why MRI imaging of the hand and wrist was sought for a diagnosis of neuropathic pain when the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging poorly in its ability to identify and define carpal tunnel syndrome. Therefore, the request was not medically necessary.