

<b>Case Number:</b>	CM15-0169142		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 60 year old female, who sustained an industrial injury on 10-4-2014. The injured worker was being treated for recurrent right carpal tunnel syndrome, tendinitis, and de Quervain's tenosynovitis of the right wrist. On 6-29-2015, the injured worker reported ongoing right wrist pain, weakness, tenderness, and limited motion with radiating pain and paresthesias into the hands and digits. She reported numbness and tingling in the digits. Use and pressure worsened her symptoms. Her symptoms radiate up the arm to the level of the shoulders. The physical exam (6-29-2015) revealed a well-healed and non-tenderness carpal tunnel release incision and tenderness to palpation over the flexor-extensor compartment, carpal canal, and first dorsal compartment. There was mild tenderness to palpation of the triangular fibrocartilage, and positive Phalen's, median nerve compression, and Finkelstein's sign. The range of motion was satisfactory: dorsiflexion of 40 degrees, palmar flexion of 40 degrees, radial deviation of 20 degrees, radial deviation of 30 degrees, and pronation and supination of 80 degrees. The Jamar readings of the right grip were 0, 2, and 4. Per the treating physician (6-29-2015 report), x-rays of the right wrist revealed mild degenerative changes with ulnar negative variance. On 3-13-2015, electromyography and nerve conduction studies of the bilateral upper extremities revealed bilateral carpal tunnel syndrome. Surgeries to date have included a right carpal tunnel release in 2005. Treatment has included at least 6 sessions of occupational therapy, at least 6 sessions of acupuncture, at least 13 sessions of physical therapy, work and activity restrictions, ice, a right wrist splint as needed, off work, and medications including pain (Tylenol #3), muscle relaxant (Robaxin), and non-steroidal anti-inflammatory (Meloxicam). Per the treating physician (6-29-2015 report), the injured worker is not currently working due to being laid off from her work. The requested treatments included an MRI of the right wrist. On 8-17-2015, the original utilization review non-certified a request for an MRI of the right wrist due to lack of red flags on wrist exams and no documented treatment plan.

## 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 right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm wrist and hand.

**Decision rationale:** CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 269, states that wrist/hand imaging may be appropriate imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to eval. for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to eval. for Kienbocks's disease. In this case there is no red flag indications from the exam note from 8/4/15 for MRI of the right wrist and no evidence of suspected fracture, Kienbocks or gamekeeper injury. The exam findings documented are consistent with carpal tunnel syndrome and DeQuervain's tenosynovitis and do not require MRI for diagnosis. In addition, no plain radiograph findings are documented in this case. Therefore the determination is for non-certification, therefore is not medically necessary.