

<b>Case Number:</b>	CM15-0021344		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 50-year-old [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with cumulative trauma at work between the dates of May 1, 2007 through December 28, 2013. In a Utilization Review Report dated January 9, 2015, the claims administrator failed to approve a request for MRI imaging of the hand/wrist. An RFA form received on January 8, 2015 was referenced in the determination. The claims administrator did not cite any guidelines in its rationale but did seemingly suggest that the applicant also electrodiagnostic testing which was pending as of the date of the request. The applicant's attorney subsequently appealed. In an RFA form dated January 2015, MRI imaging of the wrist and hand, electrodiagnostic testing of the bilateral upper extremities, MRI imaging of the left elbow were endorsed. The attending provider seemingly suggested that these articles were being sought at the request of a QME. In an associated progress note dated January 7, 2015, the applicant reported ongoing complaints of elbow, wrist, and hand pain. The applicant had hand and wrist pain and paresthesias and burning-like sensation appreciated, the attending provider noted. The applicant was given a primary operating diagnosis of carpal tunnel syndrome. Electrodiagnostic testing was endorsed to further evaluate. The applicant was given work restrictions. The attending provider did furnish a highly templated rationale for MRI imaging but did not state what applicant-specific factors led him to pursue the same here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for MRI imaging of the wrist and hand was not medically necessary, medically appropriate, or indicated here. The primary operative diagnosis here, per the attending provider, was carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scored MRI imaging a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. It was not clearly stated why MRI imaging was being sought for a diagnosis for which it has scored poorly in its ability to identify and define, per ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request was not medically necessary.