

<b>Case Number:</b>	CM15-0049836		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic wrist pain and carpal tunnel syndrome reportedly associated with an industrial injury of July 29, 2013. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for wrist MRI imaging. An RFA form received on February 3, 2015 was referenced in the determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a progress note dated January 26, 2015, the applicant reported ongoing complaints of hand and wrist pain with associated upper extremity and digital paresthesias. The applicant also report ancillary complaints of low back pain. The applicant had received physical therapy and acupuncture, which had proven ineffectual. Chiropractic manipulative therapy, MRI imaging of the bilateral wrists, MRI imaging of the lumbar spine, and electro diagnostic testing of bilateral lower extremities were endorsed. The applicant's primary operating diagnosis was given as carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition, (web) 2015, Forearm, Wrist and hand MRI's.

**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 was not medically necessary, medically appropriate, or indicated here. The primary operating diagnosis stated by the attending provider was carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging 1/4 in its ability to identify and define suspected carpal tunnel syndrome. Here, no clear or compelling rationale for selection of MRI imaging to search for a diagnosis for which it is scored poorly in its ability to identify and define, per ACOEM, was furnished by the attending provider. Therefore, the request was not medically necessary.