

<b>Case Number:</b>	CM14-0145997		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female who reported an injury on 01/10/2013. The mechanism of injury, surgical history and prior therapies were not provided. The injured worker had diagnostic studies of the bilateral upper extremities on 01/27/2014, which revealed there was electrodiagnostic evidence of bilateral median neuropathy localized across both wrists, consistent with bilateral mild carpal tunnel syndrome diagnosed with median ulnar nerve sensory comparative studies with no significant change in comparison to the previous study. There was electrodiagnostic evidence of active or chronic right C7 radiculopathy, which was a new finding. The prior study was dated 08/19/2013. There was no electrodiagnostic evidence of brachial plexopathy or mononeuropathy involving the bilateral ulnar or radial nerves. The injured worker's medications include Atenolol, naproxen, and Vicodin. The most recent documentation was dated 02/20/2014 and revealed the injured worker had complaints of bilateral shoulder and bilateral hand pain. The injured worker's hands were bothering her. The injured worker had pain at night. The injured worker had associated symptoms of numbness and tingling. Physical examination revealed a mild Phalen's and Tinel's signs. The injured worker had mild intermittent symptoms with numbness and tingling in the physical examination of the median nerve distribution. The treatment plan included a rotator cuff injection and a visit with an orthopedist for a possible carpal tunnel release. The injured worker was injected into the left shoulder. There was no request for authorization or specific physician documentation, including a rationale, requesting the MRIs for the bilateral hands.

### 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/Hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Forearm, Wrist and Hand, MRI's (magnetic resonance imaging)

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 period of conservative care and observation. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. There was no physician documentation requesting the specific MRIs. There was no request for authorization submitted for review. There was a lack of documented rationale. Given the above, the request for MRI of the right wrist and hand is not medically necessary.

**MRI of the Left Wrists/HAnds: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), Forearm, Wrist and Hand, MRI's (magnetic resonance imaging)

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 period of conservative care and observation. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. There was no physician documentation requesting the specific MRIs. There was no request for authorization submitted for review. There was a lack of documented rationale. Given the above, the request for MRI of the left wrist and hand is not medically necessary.