

<b>Case Number:</b>	CM14-0210435		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/20/2005
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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, Ohio, 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 neck, back, shoulder, and wrist pain reportedly associated with cumulative at work first claimed on July 20, 2005. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for wrist MRI imaging. The claims administrator referenced progress notes and RFA forms of October 1, 2014 and October 9, 2014 in the determination. In a June 12, 2014 progress note, the applicant stated that she was working despite ongoing complaints of neck and hand pain. The applicant was using Vicodin once to twice a month for pain relief, she acknowledged. In an RFA form dated August 20, 2014, the attending provider sought authorization for an "updated" open MRI of the left wrist due to increased wrist pain. It was stated that the applicant had bilateral ganglion cyst and had persistent issues with left-sided carpal tunnel syndrome. In a progress note dated August 20, 2014, the applicant reported persistent complaints of right wrist pain, aggravated by repetitive motion. A fluctuant ganglion cyst was appreciated about the dorsal aspect of the left hand with positive Phalen sign about the left wrist. Open MRI imaging of the left wrist was endorsed. It was stated that the applicant was considering aspiration of the painful ganglion cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated Open MRI for left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014 , Forearm, Wrist, & Hand MRI

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

**Decision rationale:** The primary operating diagnoses here are, per the treating provider, a ganglion cyst and carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 states that MRI imaging is scored at 1/4 in its ability to identify and define carpal tunnel syndrome and scored a 0/4 in its ability to identify and define a suspected ganglion cyst. The ganglion cyst at issue, furthermore, is both visible and palpable, the treating provider has acknowledged. The applicant has moved forward with plans to pursue a cyst aspiration procedure. It is not clear why MRI imaging is being sought as (a) the diagnoses at issue, carpal tunnel syndrome and ganglion cyst are clinically evident and (b) ACOEM scores MRI imaging poorly in its ability to identify and define both of the diagnoses at hand. Therefore, the request is not medically necessary.