

<b>Case Number:</b>	CM15-0174249		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 53-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of October 31, 2011. In a utilization review report dated August 10, 2015, the claims administrator failed to approve a request for wrist and hand MRI imaging while approving a follow-up visit. The claims administrator seemingly referenced a July 2, 2015 progress note and an RFA form received on August 4, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 2, 2015 office visit, the applicant reported ongoing complaints of severe hand and wrist pain, exacerbated by gripping, grasping, pulling, and pushing. 6-10/10 pain complaints were reported. The applicant reported tingling, weakness, loss of grip strength, it was reported. Positive Tinel's and Phalen's tests were noted about the right hand with tenderness also appreciated about the first dorsal compartment. The applicant was not working, it was acknowledged. The applicant was given a diagnosis of carpal tunnel syndrome, wrist strain, trigger finger, and de Quervain's tenosynovitis. MRI imaging of the hand and wrist was sought. It was not stated how said studies would influence or alter the 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): Special Studies.

**Decision rationale:** No, the request for MRI imaging of the right wrist was not medically necessary, medically appropriate, or indicated here. The stated diagnoses here, per the July 2, 2015 office visit at issue, included de Quervain's tendonitis, trigger finger, strain of wrist, and carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging a 0/4 in its ability to identify and define suspected wrist strains, de Quervain's tendonitis, and/or trigger fingers, i.e., three of the operating diagnoses present here, and scores 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 sought for diagnoses for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the right hand:** 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): Special Studies.

**Decision rationale:** Similarly, the request for MRI imaging of the right hand was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the operating diagnoses present here, per the July 2, 2015 office visit at issue, were sprain of wrist, carpal tunnel syndrome, de Quervain's tendonitis, and trigger finger. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging a 0/4 in its ability to identify and define suspected wrist strains, de Quervain's tendonitis, and/or trigger fingers, i.e., three of the operating diagnoses present here, and also scores MRI imaging a 1/4 in its ability to identify and define carpal tunnel syndrome, another diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for selection of MRI imaging for diagnoses which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request is not medically necessary.