

<b>Case Number:</b>	CM15-0176546		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/13/2015
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29 year old female, who sustained an industrial injury on 6-13-15. Medical record indicated the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. Treatment to date has included wrist braces. Currently on 7-23-15, the injured worker complains of right wrist weakness with weakness; she notes previously she had numbness and tingling which is resolved; left wrist pain and weakness described as dull and aching with weakness. She rates the pain 3-4 out of 10 and occasional sharp pain rated 9-10 out of 10. Physical exam performed on 7-23-15 of upper extremity revealed tenderness to palpation of upper extremity musculature on volar surface of left wrist and a dime sized mass on distal end of the radius, positive Finkelstein's test bilaterally, Tinnel's of wrist was positive on left and Prayer sign positive on left along with minimally limited range of motion. Physical exam of cervical spine revealed minimally limited range of motion with muscle guarding and maximal foraminal compression test was positive. The treatment plan included request for (MRI) magnetic resonance imaging of left wrist and right and left spica braces for the wrists. On 8-4-15, utilization review non-certified requests for (MRI) magnetic resonance imaging of left wrist noting it does not appear criteria have been met to support (MRI) magnetic resonance imaging of the wrists and right and left spica braces for the wrists noting the usefulness of splinting as initial treatment for improving carpal tunnel symptoms is still by recent literature but these effects are temporary.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI of the wrist.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or myotomal/ dermatomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the left wrist is not medically necessary and appropriate.

**Right and left spica braces for the wrists:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, differential diagnosis of carpal tunnel syndrome and splinting.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Current diagnoses include carpal tunnel syndrome. Submitted reports have adequately demonstrated specific neurological deficits with remarkable clinical findings for the wrist issues that would support the wrist brace. ACOEM Guidelines support splinting as first-line conservative treatment for CTS and DeQuervains to limit motion of inflamed structures and ODG has indication for immobilization with bracing in the treatment of fractures. Submitted reports have demonstrated the indication, symptom complaints with clinical findings to support for the wrist brace. The Right and left spica braces for the wrists is medically necessary and appropriate.