

<b>Case Number:</b>	CM15-0091517		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 44 year old female who sustained an industrial injury on 08/01/2012. Mechanism of injury was not provided. Diagnoses include bilateral wrists sprain and strain, rule out derangement and rule out bilateral carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications and physical therapy. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Trabradol and Flurbiprofen. Terocin patches were prescribed. A physician progress note dated 03/17/2015 documents the injured worker complains of a dull, achy, oftentimes sharp and stabbing bilateral wrist pain. Her pain is described as frequent to constant, moderate to severe. She rates the right wrist pain as a 7 out of 10 and the left wrist pain as 6 out of 10, on a pain analog scale. She complains of weakness, numbness, tingling and pain radiating to her hands and fingers. Medications help with the pain and improve her ability to have a restful sleep. There is +2 tenderness on palpation over the carpal tunnels and also at the thenar eminence bilaterally. Both right and left wrist ranges of motion are restricted. Tinel's is positive on the right. The treatment plan included Magnetic Resonance Imaging of the bilateral wrist, thoracic and lumbar spine, Electromyography and Nerve Conduction Velocity of the bilateral and upper extremities, consultation regarding epidural steroid injections for the lumbar spine, orthopedic consultation regarding the right shoulder, consultation with psychologist regarding the psychological issues she is experiencing, acupuncture and chiropractic treatment for the cervical, thoracic and lumbar spine, bilateral shoulders, left elbow and bilateral wrists in a frequency of 3 times a week for a period of 6 weeks, shockwave therapy that is up to 3 treatments for the bilateral wrist and up to 6 treatments for the thoracic and lumbar spine, and

continue with the course of localized intense neurostimulation therapy, in a frequency of one per week, for a period of 6 weeks for the lumbar spine, and Terocin for pain relief. Treatment requested is for Magnetic Resonance Imaging of the left wrist, and Magnetic Resonance Imaging of the right wrist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, carpal tunnel syndrome section; MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the left wrist is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseus ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnoses are bilateral wrist sprain/strain; rule out bilateral carpal tunnel syndrome; cervical spine sprain/strain; right shoulder AC joint osteoarthritis; bilateral shoulder supraspinatus tendinitis; left elbow sprain/strain; thoracic sprain/strain; thoracic spine pain; lumbar spine disc displacement; lumbago; and lumbar radiculopathy. Subjectively, according to a March 17, 2015 progress note, the injured worker complains of dull aching stabbing pain in the bilateral wrists. The right wrist has a VAS scale of 7/10 and the left wrist 6/10. Pain is aggravated with gripping, grasping, reaching, pulling, lifting and fine manipulation. Objectively, there is 2+ tenderness the palpation over the carpal tunnel. There is tenderness at the thenar eminence bilaterally. Range of motion is decreased. Tinel's is positive on the right and Phelan's is negative bilaterally. Sensation to pin prick and light touch is slightly diminished over the C7 and C8 dermatomes. There is no clinical indication or rationale for an MRI of the left wrist. Based on the documentation, it appears the treating provider is ruling out carpal tunnel syndrome. MRI evaluation is not recommended for carpal tunnel syndrome. Electrodiagnostic studies are pivotal in the diagnostic examination. There is no indication or high clinical suspicion of fracture. There are no x-rays or radiographs documented in medical record. Consequently, absent guideline recommendations for MRI evaluation in carpal tunnel syndrome and a high clinical suspicion of fracture with x-rays/radiographs, MRI of the left wrist is not medically necessary.

**MRI of right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, carpal tunnel syndrome section; MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the right wrist is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseus ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnoses are bilateral wrist sprain/strain; rule out bilateral carpal tunnel syndrome; cervical spine sprain/strain; right shoulder AC joint osteoarthritis; bilateral shoulder supraspinatus tendinitis; left elbow sprain/strain; thoracic sprain/strain; thoracic spine pain; lumbar spine disc displacement; lumbago; and lumbar radiculopathy. Subjectively, according to a March 17, 2015 progress note, the injured worker complains of dull aching stabbing pain in the bilateral wrists. The right wrist has a VAS scale of 7/10 and the left wrist 6/10. Pain is aggravated with gripping, grasping, reaching, pulling, lifting and fine manipulation. Objectively, there is 2+ tenderness the palpation over the carpal tunnel. There is tenderness at the thenar eminence bilaterally. Range of motion is decreased. Tinel's is positive on the right and Phelan's is negative bilaterally. Sensation to pin prick and light touch is slightly diminished over the C7 and C8 dermatomes. There is no clinical indication or rationale for an MRI of the left wrist. Based on the documentation, it appears the treating provider is ruling out carpal tunnel syndrome. MRI evaluation is not recommended for carpal tunnel syndrome. Electrodiagnostic studies are pivotal in the diagnostic examination. There is no indication or high clinical suspicion of fracture. There are no x-rays or radiographs documented in medical record. Consequently, absent guideline recommendations for MRI evaluation in carpal tunnel syndrome and a high clinical suspicion of fracture with x-rays/radiographs, MRI of the right and wrist is not medically necessary.