

<b>Case Number:</b>	CM14-0141095		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Practice, 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:

44 yr. old male claimant sustained a work injury on 1/27/13 involving the left lower extremity and bilateral wrists. A progress note on 1/29/14 indicated he had a positive Phalen's test bilaterally. He was diagnosed with bilateral carpal tunnel syndrome. An EMG of the right upper extremity on 2/28/14 indicated muscle membrane irritability of the right deltoid. An NCV at the time showed normal nerve conduction in both upper extremities, decreased amplitude in the right median motor nerve and decreased velocities in the right median nerve. The claimant had undergone therapy, acupuncture and used topical analgesics to improve function. A subsequent was made for MRI of bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral wrists:** Upheld

**Claims Administrator 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 & Hand Chapter: Indications for imaging- Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the wrists are optional prior to history and physical by a qualified specialist. In this case, the claimant has had physical findings consistent with carpal tunnel syndrome. There is no plan for surgery. There are no red flag findings. The request for an MRI is not justified and not medically necessary.