

<b>Case Number:</b>	CM13-0016990		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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:

The patient is a 46-year-old male who reported an injury on 05/30/2013. The mechanism of injury was noted as a box fell onto his left forearm, causing a laceration that required 3 sutures. The past symptoms were noted as left forearm pain. His objective findings noted normal range of motion. His diagnoses were listed as status post left forearm laceration repair and left wrist/forearm sprain/strain. A recommendation was made for physical therapy, electrodiagnostic studies, and MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left forearm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 269,264. Decision based on Non-MTUS Citation ODG Forearm Wrist and Hand Procedure Summary, ODG Fitness for Duty Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** According to ACOEM Guidelines, for patients presenting with hand, wrist, or forearm problems, special studies are not needed until after a 4 to 6 weeks period of

conservative care and observation. It further states that imaging studies may be indicated after 4 to 6 weeks if the symptoms have not resolved, in order to clarify the diagnosis if the medical history and physical examination suggests specific disorders. Guidelines also indicate that MRIs are best for identifying carpal tunnel syndrome and infection. The clinical information submitted for review indicates the patient was treated for a laceration to the forearm; however, there were no abnormal objective findings other than a laceration to the forearm. Additionally, the patient had not yet participated in 4 to 6 weeks of conservative care and observation prior to the request for an MRI. Furthermore, the documentation does not suggest a specific disorder as identified by the medical history and physical examination. For these reasons, the request is non-certified.