

<b>Case Number:</b>	CM13-0018562		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 30 year old male who was injured on 03/26/2013. The mechanism of injury is unknown. Prior treatment history has included chiropractic care, NSAID, activity modification and bracing. He has had left wrist injection as well. Diagnostic studies reviewed include MRI of left wrist dated 06/04/2013 positive for tear of triangular fibrocartilage complex tear and partial tear of extensor carpi ulnaris. EMG/NCV dated 06/18/2013 revealed normal nerve conduction study and abnormal electromyography suggestive of bilateral chronic active C5-C6 radiculopathy. PR-2 dated 08/19/2013 documented the patient to have complaints of intermittent pain in the left wrist and constant pain in the left hand. The objective findings on exam revealed tenderness to palpation with spasm noted in the left wrist. Positive Phalen's sign. Negative Tinel's sign. Muscle testing revealed muscle strength 5/5. The diagnoses are left wrist sprain, left hand sprain, crush injury of left wrist and insomnia. The recommendation is that the patient obtains results of MRI scan of the left wrist for review and extracorporeal shockwave therapy and acupuncture as well as chiropractic treatment and durable medical equipment. PR-2 dated 12/09/2013 documented the patient with complaints of pain in his left wrist dorsal aspect. It also documents pain with palpation and swelling dorsal aspect of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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, MRI's (Magnetic Resonance Imaging).

**Decision rationale:** The California MTUS Medical Treatment Guidelines indicate "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." The ODG guidelines regarding repeat MRI of the wrist state "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the patient sustained an injury on 03/26/13 and has previously undergone diagnostic workup including MRI of the left wrist on 06/04/13, which was noted to be positive for tear of triangular fibrocartilage complex and partial tear of extensor carpi ulnaris. The patient also underwent EMG/NCV on 06/18/13, which demonstrated a normal NCV and revealed EMG findings suggestive of bilateral chronic and active C5-C6 radiculopathy. As the patient has previously undergone an MRI of the left wrist, diagnosis has been established, and there is no significant change in symptoms or findings documented, there is no indication for repeat imaging. Therefore, the request for MRI left wrist remains not medically necessary.