

<b>Case Number:</b>	CM13-0027071		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	06/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### 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 & 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 44-year-old female with a reported date of injury on 03/12/2013. The patient presented with intermittent, dull, aching, and sharp left wrist pain with tingling and weakness, painful range of motion, 3+ tenderness to palpation of the lateral and volar wrist, a positive Phalen's, and a positive Tinel's. The patient had diagnoses including cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain/strain, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left carpal tunnel syndrome, left wrist pain, left wrist sprain/strain, right carpal tunnel syndrome, right wrist pain, and right wrist sprain/strain. The physician's treatment plan included a request for MRI 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 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 & 271-273.

**Decision rationale:** The ACOEM Guidelines indicate that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of

conservative care and observation. Within the provided documentation the requesting physician did not include adequate documentation that the patient had neurologic deficits in the left wrist. The patient's course of conservative care was unclear in the medical records provided for review. Additionally, the requesting physician did not include adequate documentation of significant objective functional deficits. Therefore, the request for an MRI of the left wrist is not medically necessary and appropriate.