

<b>Case Number:</b>	CM13-0034590		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/10/1998
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 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 51 year old female who reported an injury on 03/10/1998. Her diagnosis is carpal tunnel syndrome to the wrists bilaterally. The clinic note dated 09/18/2013 reported the patient continued to have severe pain to her left wrist with no improvement after 6 physical therapy sessions and injection given January 2013. The exam revealed swelling, restricted range of motion, and positive Finkelstein test. She was recommended to have an MRI and continue medications which included Norco, Lidoderm, and Cymbalta. The patient was seen in the emergency room on 10/10/2013 for complaint of left wrist pain rated as 8/10. The report indicated her cortisone shots no longer relieve pain. The exam noted capillary refill less than 2 seconds, muscle strength 2, no swelling, no deformity, and no significant evidence of fracture, compartment syndrome, neurovascular compromise, or other process requiring immediate surgical intervention. She was given Ketorolac Tromethamine and her MRI was denied by insurance.

### 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, Forearm, Wrist and Hand Chapter.

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

**Decision rationale:** The California MTUS / ACOEM guidelines state special studies are not needed until after a 4- to 6-week period of conservative care and observation. The documentation submitted did not provide evidence that conservative treatment failed to provide the patient sufficient pain relief and functional improvement. As such, the request is non-certified.