

<b>Case Number:</b>	CM13-0037147		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Internal Medicine, has a subspecialty in Cardiology 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 33-year-old male who reported a cumulative trauma injury dating from 03/07/2012 through 03/07/2013. The patient is experiencing pain in the right wrist due to continuous writing involving his right extremity. The patient also states that since the injury he has been having difficulty sleeping at night due to his pain and stress along with exacerbations with grasping and torquing as well as writing activities. The wrist upon objective findings had notable raised soft tissue structure over the dorsal wrist region. There was 2+ tenderness of the flexor retinaculum sheath and of the right/left flexor carpal muscle. The patient also had noted decreased range of motion in flexion, extension, internal rotation, external rotation, abduction and adduction motions. He had a positive Phalen's test with associated pain and tingling, plus a positive Tinel's Tap test with associated numbness and tingling of the right wrist. At the time of this exam, the patient was diagnosed as having a right wrist sprain/strain, and the physician is now requesting an MRI of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, MRI's (magnetic resonance imaging)

**Decision rationale:** Under California MTUS/ACOEM, special studies are not needed until after a 4-6 week period of conservative care and observation. Under Official Disability Guidelines, the criteria for the use of magnetic resonance imaging for the wrist, states the patient must have normal plain view x-rays prior to requesting an MRI. There was only one clinical document provided for review which provides no indication that any imaging studies have been performed or the extent of conservative care provided. Therefore, at this time without having plain view x-rays to refer to, the requested service for an MRI of the right wrist does not meet guideline criteria at this time. As such, the requested service is non-certified.