

<b>Case Number:</b>	CM13-0037996		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 New York and 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:

This is a 58-year-old female with a reported date of injury of 11/2011. The mechanism of injury is described as walking towards the bathroom and she reached to grab the doorknob and open the door and another employee opened the door from the opposite side causing the doorknob to hit her thumb hyperextending her thumb. She was seen on 01/29/2013 for a treating provider initial comprehensive evaluation and she had tenderness to palpation between the metacarpal and over the palmar surface of the left hand with increased pain with forced gripping. There was tenderness to palpation along the entire thumb and snuff box and Finkelstein's test was positive on the left. X-rays were reviewed at that time but were not documented for this report. Assessment was left hand sprain and strain, left thumb de Quervain's tenosynovitis. She returned to clinic on 10/24/2013, and continued to report left thumb basal pain. Diagnoses included left hand de Quervain's tenosynovitis and rule out carpal tunnel syndrome. Treatment plan going forward was to obtain a 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:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

**Decision rationale:** My rationale for why the requested treatment is not medically necessary is that MTUS/ACOEM indicates that for most patients, who present with true and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. MTUS/ACOEM indicates most patients improve quickly provided red flag conditions are ruled out. In case of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. MTUS/ACOEM indicates that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The medical exam of 10/24/2013 does not document specific disorders. The records do indicate she has a diagnosis of de Quervain's tenosynovitis. X-rays have been shown to be negative for fracture and/or acute injuries to the hand. The records are silent after 10/24/2013 and therefore the current status of this claimant is unknown. For those reasons, this request is not considered medically necessary and is non-certified.