

<b>Case Number:</b>	CM13-0038232		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational 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 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:

Claimant is 49 year old female with date of injury 6/26/2013. Per initial orthopedic evaluation dated 9/6/2013, claimant complained of constant right hand pain radiating to the right arm, associated with weakness, numbness and swelling. The claimant reported constant right shoulder pain associated with weakness. There was also constant right wrist pain radiating to the right hand, associated with weakness and swelling. Pain level of the affected areas was 7/10 while resting and 9/10 with activities. The claimant was unable to perform her activities of daily living due to this pain. On examination of the right wrist and hand, there was tenderness and swelling noted over the dorsal and palmar aspects and tenderness noted over the hand dorsum. Muscle strength was 4/5 with dorsiflexion, palmar flexion, radial deviation and ulnar deviation. Range of motion was restricted due to pain and swelling with the following results: dorsiflexion 50/60 degrees, palmar flexion 50/60 degrees, radial deviation 10/20 degrees and ulnar deviation 20/30 degrees. Jamar grip strength in kilograms on the right hand revealed 4.1/4.3/4/2 while on the left hand was 3.2/3.3/2.9. Diagnoses include 1) right wrist contusion, 2) right hand and fingers contusion, 3) right hand and wrist derangement, 4) right hand sprain/strain, and 5) right wrist sprain/strain. Treatments have included medications, physical therapy, chiropractic therapy, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, Right Hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand (Updated 05/08/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 252, 272, 277.

**Decision rationale:** The claimant had x-rays done early in her evaluation, and after over 2 months of conservative treatment with medications, physical therapy, chiropractic treatments, acupuncture, and work modification, she saw an orthopedic surgeon. She still reports significant symptoms. Following her initial orthopedic evaluation, the surgeon is requesting an MRI of right hand and wrist. Per the ACOEM practice guidelines, Master Algorithm on page 252 special studies may be indicated after 4-6 weeks with failed conservative treatment. Table 11-7 on page 272 does support the use of MRI prior to history and exam by a qualified specialist. Algorithm in Chapter 11 supports referral for surgery following failed conservative treatment. The request for MRI of the right hand is determined to be within these guidelines, and to be medically necessary.

**MRI, Right Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand (Updated 05/08/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 252, 272, 277.

**Decision rationale:** The claimant had x-rays done early in her evaluation, and after over 2 months of conservative treatment with medications, physical therapy, chiropractic treatments, acupuncture, and work modification, she saw an orthopedic surgeon. She still reports significant symptoms. Following her initial orthopedic evaluation, the surgeon is requesting an MRI of right hand and wrist. Per the ACOEM practice guidelines, Master Algorithm on page 252 special studies may be indicated after 4-6 weeks with failed conservative treatment. Table 11-7 on page 272 does support the use of MRI prior to history and exam by a qualified specialist. Algorithm in Chapter 11 supports referral for surgery following failed conservative treatment. The request for MRI of the right hand and wrist is determined to be within these guidelines, and to be medically necessary.