

<b>Case Number:</b>	CM13-0042243		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/17/2000
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 an employee of [REDACTED] and has submitted a claim for bilateral hand pain with an industrial injury date of March 17, 2000. Treatment to date has included medications, wrist bracing, physical therapy, and bilateral carpal tunnel release Utilization review from October 8, 2013 denied the request for MRI of the left wrist because it is usually reserved to rule out soft tissue masses for chronic pain workup. Medical records from 2009 through 2013 were reviewed, which showed that the patient complained of throbbing bilateral hand pain graded 6/10, associated with tingling and numbness of the fingers. Pain was increased with use of the hands for activities of daily living. On physical examination of bilateral wrists/hands, there was volar wrist/hand tenderness and atrophy of thenar and hypothenar muscles. There was no swelling, no skin changes, good texture/moisture/color, no deformity, no palpable mass, and no instability of the fingers and wrist. Allen test was normal. Radial and ulnar pulses were +2. There was brisk capillary refill on all digits. Fromen's sign and Watson test were negative. There were no sensory deficits. Compression test, Tinel at the wrist, and Phalen tests were positive. No contractures were noted. There was no limitation in wrist range of motion. A left wrist x-ray dated 09/19/13 showed a small ossified loose body on the volar aspect of the distal forearm/wrist; no fracture/dislocation/Degenerative Joint Disease (DJD). An Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the upper extremities dated 09/30/13 showed evidence of left ulnar mononeuropathy of uncertain etiology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** According to the ACOEM Practice Guidelines, criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. In this case, although the patient has chronic wrist/hand pain, there was no discussion regarding suspicion for a specific pathology that warrants an MRI. In addition, the most recent left wrist x-ray showed findings of an ossified loose body while the most recent electrodiagnostic study revealed findings of ulnar mononeuropathy, which may explain the patient's chronic wrist/hand pain. There is no clear indication for an MRI; therefore, the request for MRI of left wrist is not medically necessary.