

<b>Case Number:</b>	CM13-0042655		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 a 50-year-old who sustained a work-related injury to her cervical spine and left elbow on July 25, 2012, while working for [REDACTED]. Current symptoms as of examination report dated January 30, 2014 notes ongoing pain from neck radiating to her left shoulder (parascapular pain), causing left elbow, wrist pain, and thumb numbness (C6). Visual analog pain scale is reported as 6/10. There is noted a prior history of left elbow and left wrist surgery, however is not dated nor type of surgery is indicated. Examination findings note upper extremity +2 DTR's bilaterally, (+) tenderness to palpation of left distal radius, range of motion is 65 degrees flexion, 65 degrees extension, 15 degrees radial deviation, 35 degrees ulnar deviation, with motor and sensory intact bilaterally. Plain film radiographs taken were essentially negative for fracture, dislocation, subluxation, or joint space narrowing. Physician treatment plan includes a request for MRI of the left wrist (ulnar-sided pain).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-166, 177, 268-269.

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

**Decision rationale:** According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines regarding special studies and diagnostics, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. According to medical records, injury was sustained to cervical spine and left elbow in July 2012. It is unclear exactly how the left wrist was injured. There is a history of left elbow and left wrist carpal tunnel surgery. Recent complaints included ulnar-sided left wrist pain with left distal radius tenderness being the only finding on examination. The left wrist x-ray was normal. A left wrist MRI is requested, but the specific rationale is not provided. The reason for MRI is not evident given a complaint of only pain, only tenderness on exam, and a negative XR. The request for an MRI of the left wrist is not medically necessary or appropriate.