

<b>Case Number:</b>	CM13-0051427		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & Rehabilitation 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:

The patient is a 61-year-old female who reported a work-related injury on 03/15/2012; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: sprain and strain of the wrist, trigger finger, carpal tunnel syndrome, muscle weakness, and elbow/forearm sprain/strain. The clinical note dated 11/05/2013 reports the patient was seen in clinic under the care of [REDACTED]. The patient is status post carpal tunnel release to the right as of 08/30/2012. The clinical notes evidence the patient completed a course of postoperative physical therapy. The provider documents the patient reports right wrist pain dull with aches intermittent throughout the day with soreness and tenderness. The provider documents an increase in pain with certain movements and activities. The provider documents the patient reports some tendon pain on the 5th finger with clicking of the 5th fingers to the right hand. The provider documented painful clicking upon physical exam of the patient, at the base of the 5th finger. The patient had weak right hand grip; tenderness about the right forearm and at the right extensors. The provider documented the imaging studies the patient has had over the past 6 months to include MRI of the right shoulder, MRI of the right hand, ultrasound of the bilateral wrists, and ultrasound of the bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence support for the requested imaging study at this point in the patient's treatment. The patient has undergone multiple imaging studies to include MRI of the right hand on 10/07/2013, as well as ultrasounds. The clinical notes documented the patient was recommended to undergo an RM arthrogram; the current request is an MRI of the right hand. The patient just underwent an MRI of the right hand on 10/07/2013. The provider fails to document the patient presents with significant objective findings of symptomatology to support the requested imaging study. Official Disability Guidelines indicate MRI is supported for chronic wrist pain when plain films are normal and there is suspicion of soft tissue tumor or Kienbock's disease. Given all of the above, the request for MRI right hand is not medically necessary or appropriate.