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| <b>Case Number:</b>   | CM13-0064181 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 04/24/2013 |
| <b>Decision Date:</b> | 04/22/2014   | <b>UR Denial Date:</b>       | 11/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/11/2013 |

### 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 Internal 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 55-year-old female with date of injury on 04/24/2013. The injury occurred while she was playing soccer with her students and fell on an outstretched right arm to break her fall. She did not seek care right away but due to the pain persisting, she went to her primary doctor and had x-rays showing a non-displaced radial neck fracture. She has been treated with physical therapy and occupational therapy and is reported to be much improved. However, she still has subjective complaints of pain and stiffness of her right wrist and right elbow with forceful activities only. Clinical exam on most recent available notes shows no clinical abnormalities. The request is for MRI of elbow and MRI of wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN MRI OF THE RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 59.

**Decision rationale:** ACOEM states MRI of the elbow should be considered if activity limitations remain after 4 weeks or unexplained physical findings such as effusion, range of motion abnormalities, or localized pain persist. Also, if surgery is being considered for a specific anatomic defect, MRI may be appropriate. This patient has a totally normal exam aside from subjective complaints stiffness and pain with forceful activity only. The patient is at full duty. As such, the criteria for advanced imaging (MRI) of the elbow are not met, and the MRI of the elbow is not medically necessary.

**AN MRI OF THE RIGHT WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand Chapter, MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

**Decision rationale:** ACOEM guidelines for MRI of the wrist should occur if red flag signs are present (persistent effusion, infection suspected, etc.) and the patient is not progressing as expected. In this case, there is no evidence of internal derangement or suspected tumor or anything that is surgically expected to be corrected due to the results of the MRI study. This patient is back on full duty and has no clinical exam abnormalities. Subjectively, she only has stiffness and pain with forceful movement of her wrist; otherwise, there are no complaints. The criteria for advanced imaging are not met for wrist complaints and the MRI of the wrist is not medically necessary.