

<b>Case Number:</b>	CM13-0067296		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 50 year old female who reported an injury of unknown mechanism on 08/22/2012. In the clinical note dated 11/04/2014, the injured worker noted less pain change in low back, no pain in the left foot, pain in the left ankle with prolonged walking and pain in left wrist. An MRI dated 10/10/2013 revealed changes in scaphoid and capitate bones were degenerative and minor. The physical examination of the left wrist revealed diminished flexion of the wrist. The diagnosis included wrist sprain/strain and epicondylitis of the elbow. It was documented that a discussion pertaining to surgery for the left wrist would not be beneficial. The treatment plan included a request for a repeat left wrist MRI. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LEFT WRIST WITHOUT CONTRAST:** 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 Page(s): 268-269.

**Decision rationale:** The request for an MRI of the left wrist without contrast is non-certified. ACOEM states that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. The Official Disability Guidelines (ODG) state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In the clinical notes provided for review, the injured had an MRI on 10/10/2013 which showed changes in scaphoid and capitate bones were degenerative and minor. Also, the clinical notes lacked documentation of any significant change in symptoms and/or findings suggestive of significant as stated by the guidelines for a repeat MRI. Therefore, the request for an MRI of the left wrist without contrast is not medically necessary and appropriate.