

<b>Case Number:</b>	CM13-0068091		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 62 year old male who was injured on 6/1/11. The mechanism of injury was not provided for review. Prior treatment history has included physical therapy to the left shoulder, as well as a left wrist brace to use at nighttime or when he is using his left wrist for any forceful activities. The patient had arthroscopic surgery on his left shoulder on 9/17/13. Current medications as of 11/19/13 consist of Norco 10/325mg and Ambien 10mg. An EMG done on 10/31/12 shows moderate left median neuropathy of the wrist. A progress note dated 11/19/13 documented the patient to be with complaints of persistent pain in his left shoulder, but things have improved a little bit since his surgery. He is going through physical therapy which has been helpful. Objective findings reveal he has full range of motion of the left wrist, but he was complaining of pain. The diagnosis is left wrist pain. The treatment plan includes an MRI of the left wrist.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** This patient's complaints are centered in the shoulder. A trial of conservative treatment of the wrist has been documented, as he was given a splint several months earlier. There is mention of carpal tunnel in the wrist with documented EMG findings. One can assume the MRI is for surgical consideration, although this is not documented. The Official Disability Guidelines recommend MRI in patients with acute wrist trauma or chronic wrist pain with normal plain x-ray films when soft tissue tumors or serious underlying medical conditions are suspected. There is no evidence of recent trauma, nor suspicion of tumors or a serious underlying condition. Therefore, the request is not medically necessary.