

<b>Case Number:</b>	CM13-0068169		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/06/2013
<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 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 Minnesota. 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 injured worker is a 27-year-old female who reported an injury on 06/15/2011. The mechanism of injury involved repetitive work activity. Current diagnoses include cervical thoracic spine strain, rule out bilateral median and ulnar nerve entrapment neuropathy, and rule out triangular fibrocartilage ligament tear and intracarpal ligament tears bilaterally. The injured worker was evaluated on 10/23/2013. The injured worker reported persistent neck pain, bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain. Physical examination revealed tenderness over the scaphoid or lunate carpal bones bilaterally, tenderness over the triangular fibrocartilage complex and ulnocarpal ligament, positive Phalen's testing and Durkan's testing bilaterally, and an abnormal Katz Hand Diagram score. The injured worker also demonstrated sensory loss in the median nerve distribution. X-rays obtained in the office on that date indicated no evidence of fracture or dislocation in bilateral wrists. It is noted the injured worker underwent electrodiagnostic studies of bilateral upper extremities on 09/23/2011, which indicated normal findings. Previous conservative treatment includes occupational therapy and activity modification. Treatment recommendations at that time included authorization for an MRI of the cervical and thoracic spine as well as bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT WRIST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, FOREARM/WRIST/HAND, DIAGNOSTIC IMAGING.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate 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 state indications for an MRI include acute hand or wrist trauma or chronic wrist pain with a suspicion for red flags, after normal radiographs. According to the documentation submitted, the injured worker does report persistent pain in the left wrist with numbness and tingling in the left hand and fingers. The injured worker's physical examination does reveal tenderness to palpation, positive Phalen's and Durkan's testing, and sensory loss in the median nerve distribution. The injured worker has been previously treated with splinting, activity modification, occupational therapy, and medication management. Based on the clinical information received, the request for a left wrist MRI can be determined as medically appropriate at this time. As such, the request is certified.