

<b>Case Number:</b>	CM13-0071385		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Interventional Spine 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 26 year old female with an injury date on 05/05/2013. According to this report, the patient complains of neck and wrist pain. Tenderness was noted at the carpal tunnel and the first dorsal extensor muscle compartment. Deer, Tinel and Phalen test were positive. The patient had constant, moderate to severe burning wrist pain and spasm, pain is at a 7/10. On the 09/01/2013 report indicate the patient pain is an 8/10. There were no other significant findings noted on this report. [REDACTED] is requesting MRI of the right wrist. The utilization review denied the request on 12/16/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 05/10/2013 to 11/15/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF RIGHT WRIST:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG MRI Section.

**Decision rationale:** According to the 11/15/2013 report by [REDACTED] this patient presents with neck and right wrist pain. The treater is requesting MRI of the right wrist. A MRI report on 07/03/2012 shows an enlargement of the median nerve suggesting neuropathy. Regarding MRI, the ODG guidelines state Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. No discussion is provided as to why the patient needs a repeat MRI when there is no significant change in symptoms and/or findings suggestive of significant pathology. In this case, the request for a repeat MRI of the right wrist is not in accordance with the ODG guidelines. The request is not medically necessary.