

<b>Case Number:</b>	CM14-0002039		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 applicant is a represented [REDACTED] employee who has filed the claim for wrist pain reportedly associated with an industrial injury of May 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a wrist support; topical agents; and work restrictions. In a utilization review report of December 20, 2013, the claims administrator denied a request for MRI imaging of the injured wrist, citing non-MTUS-ODG Guidelines. The rationale for denial was sparse, did not reference the cited guideline, and suggested that the applicant had not completed adequate conservative care prior to the request, although the applicant was apparently seven months removed from the date of injury as of the same. The applicant's attorney subsequently appealed. A January 23, 2014 progress note was notable for comments that the applicant reported persistent wrist pain over the site of a puncture wound. Some numbness was appreciated about the left ring finger with some mild thenar atrophy and positive provocative testing suggestive of carpal tunnel syndrome. Diminished grip strength about the left side was appreciated. MRI imaging of the left wrist demonstrated a small radioulnar joint effusion, it was stated. Menthoderin, Naprosyn, Prilosec, tramadol, a wrist support, and electrodiagnostic testing of the upper extremities were ordered while the applicant was apparently placed off of work, on total temporary disability. A case manager note of December 24, 2013 was notable for comments that the applicant was off of work, on total temporary disability. The applicant was described as having initially developed cellulitis following a hand puncture wound. It appears that the wrist MRI was ordered on December 12, 2013, along with the wrist brace and electrodiagnostic testing. The applicant was described as still having mild pain over the puncture site with tenderness about the scar, positive provocative testing for carpal tunnel syndrome, and thumb atrophy is noted.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI LEFT WRIST WITHOUT CONTRAST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Guidelines for the Performance of MRI Imaging of the Wrist.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, MRI imaging has scored a 4/4 in its ability to identify and define suspected infections. In this case, one of the suspected diagnoses included cellulitis of the hand status post a traumatic penetration wound of the same. The applicant apparently had pain, swelling, weakness, and numbness about the injured hand. The applicant had seemingly failed to return to work following the high velocity puncture wound. MRI imaging to search for the source of the applicant's complaints was indicated, appropriate, and supported both ACOEM and the American Collage of Radiology (ACR), which notes that MRI imaging of the wrist may be useful to evaluate unexplained chronic wrist pain, as was present here. Therefore, for all the stated reasons, the request is medically necessary.