

<b>Case Number:</b>	CM14-0004442		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 36 year old female who reported an injury on 02/20/2013 with a slip and fall accident being the mechanism of injury. On 12/02/2013 the injured worker had a physical evaluation. The injured worker complained of intermittent pain in the left hand and wrist along with increased numbness upon increased activity. The left wrist examination revealed decreased mobility with abnormal two-point discrimination, as well as positive Tinel's and Phalen's tests. The injured worker was diagnosed with left hand sprain/strain rule out tendinitis and carpal tunnel syndrome. The treatment plan was for physical therapy to the left wrist and a MRI to establish any ligament tears, damage of tendons and muscles. A MRI of the left hand was performed on 01/03/2014 with normal findings. A request for authorization of medical treatment was not furnished with this review.

### 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 AND HAND WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's Compensation, Online Edition, Chapter: Forearm, Wrist, and Hand, MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, MRI.

**Decision rationale:** The Official Disability Guidelines indicate MRI for acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. The injured worker has had very little documented conservative care outside of medications and physical therapy. In addition the injured worker does not have clear rate of pain and effectiveness or failure of conservative care. The request for MRI of the left wrist and hand without contrast is non-certified. &#8195;