

<b>Case Number:</b>	CM14-0004825		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 56 year old female who was injured on 10/25/2012 while she was lifting heavy equipment. She felt pain in her neck, right shoulder, wrists, mid and low back, both knees and ankles; this was a work-related accident. She has been treated conservatively with 7 sessions of physical therapy. Initial comprehensive primary treating physician report dated 11/13/2013 states the patient complained of neck pain rated as 7-8/10; bilateral shoulder pain, right greater than left. The right shoulder pain is rated as an 8/10 and the left shoulder pain is rated as 5-6/10. She has pain in bilateral wrists rated as 3-5/10; mid back pain with muscle spasms rated as 6/10. She rates her low back pain as an 8/10 with muscle spasm and describes it as constant; both ankles have sharp pain rated as 6-8/10. Her pain is aggravated with movement and prolonged positioning. She does report she has been feeling anxiety and depression. On examination of bilateral wrists, there is 1+ tenderness at the carpal tunnel and at the fourth and fifth dorsal extensor muscle compartment on the right. There is +2 tenderness to palpation over the carpal bones and at the flexor tendon attachment sites on the left. Range of motion revealed flexion to 60 on the left and 15 on the right; extension to 20 bilaterally; radial deviation to 07 on the left and 10 on the right; ulnar deviation to 10 on the left and 05 on the right. Deep tendon reflexes are 2+ and symmetric in bilateral upper extremities. She is diagnosed with left wrist tenosynovitis, bilateral wrists sprain/strain and rule out right wrist carpal tunnel syndrome. She was recommended for MRI of the left wrist. Prior utilization review dated 12/09/2013 states the request for MRI left wrist is denied as there is a lack of documented conservative treatment and therapy. There are no red flag indicators present; therefore, medical necessity has not been established.

### 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 Chronic Pain Treatment Guidelines HAND, WRIST AND FOREARM DISORDERS.

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

**Decision rationale:** Per CA MTUS guidelines, special studies are not indicated unless a four to six week period of conservative management failed to improve symptoms, or when there is evidence of red flag signs. In this case, there is no documentation of trial and failure of conservative management. There is no evidence of any red flags. Additionally, she is diagnosed with left wrist tenosynovitis and sprain/strain. As such, the MRI findings are not going to make a difference in the treatment plan. Therefore, the medical necessity of the requested service cannot be established; the MRI of the left wrist is not medically necessary.