

<b>Case Number:</b>	CM14-0006394		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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:

This is a 54-year-old male patient with a 7/28/2010 date of injury. Treatment to date has included injections to the wrist in 2010 but it didn't help. On 02/09/2011, he underwent right carpal tunnel release. He was using an H-wave unit with positive results. He had right hand x-ray on 09/11/13, which indicated resection of the trapezium and an incidental cyst. There was some sclerosis on the distal navicular margin. There also was some widening of the scapholunate interval. Lateral view revealed findings suggestive of Dorsal Intercalated Segment Instability (DISI). X-ray of the left wrist indicated degenerative changes at the first metacarpal carpal joint space. There was also joint space narrowing with degenerative changes at the articulation between the trapezium and scaphoid. 11/13/2013 progress report indicated that he complained of a pain in the thumbs bilaterally, at the bases of the thumbs. The pain was associated with numbness, and rated at 2/10 when inactive, and worsened with repetitive use. On physical exam of the upper extremities, there was diffuse tenderness over the wrist bilaterally with reduced flexibility. There was also tenderness at the base of the thumbs bilaterally and weakness for any movement, abduction or adduction. He was recommended wrist surgery, but would like to have a second opinion. He was still taking medication: Aleve, Naproxen, and was advised to start Tramadol cream. There is documentation of a previous adverse determination on 12/18/2013, based on the fact that the patient had recent x-rays of the wrist, which revealed degenerative pathology in the wrist joints, and the necessity of MRI was not established at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.23.4. FOREARM, WRIST, AND HAND COMPLAINTS, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2 ND EDITION, 2004, , 271-273

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Forearm, Wrist, and Hand Chapter).Hand MRI

**Decision rationale:** MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. The patient presented with pain and numbness in thumb bilaterally. He had previous X-rays that showed degenerative changes at the first metacarpal joint space. However, progress X-rays didn't reveal progressive changes. In addition, a 02/03/2014 progress report indicated that a second opinion for wrist surgery was not yet obtained. There is no progression of findings. It is unclear how bilateral wrist MRIs would alter the further course of management. Therefore, the request for MRI bilateral wrists was not medically necessary.