Case Number:	CM14-0008296		
Date Assigned:	01/29/2014	**Date of Injury:**	04/15/2013
Decision Date:	10/24/2014	**UR Denial Date:**	12/30/2013
Priority:	Standard	**Application Received:**	01/21/2014

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 patient is a 23-year-old male who has submitted a claim for post traumatic tendinitis and possible carpal tunnel syndrome, right wrist, mild lateral epicondylitis, cervical sprain/strain, and shoulder sprain/strain, associated with an industrial injury date of 04/15/2013. Medical records from 04/05/2013 to 12/16/2013 were reviewed and showed that the patient complained of constant pain in the right forearm, neck pain radiating into the forearm and into the fingers, and burning pain in the shoulder and neck area. A physical examination showed tenderness in the posterior spinous processes of C4-C5 and C6-C7, lateral epicondyle of the right elbow, and in the distal radial and ulnar joints of the wrist. Wrist pain was aggravated by movement in all directions. Atrophy was noted in the forearm musculature. Keloid formation and fibrotic nodules were noted on the volar forearm. Range of motion of the right wrist was limited to pain.Tinel's, Phalen's, and reverse Phalen's signs were positive. Xray of the right forearm, dated 04/05/2013, revealed a displaced spiral fracture of the shaft of the radius. The official report of the imaging study was not made available for review. Treatment to date has included physical therapy, Biofreeze, open reduction internal fixation of the radial shaft, carpal tunnel release, and fasciotomy (04/06/2013). Utilization review, dated 12/30/2013, denied the request for MRI of the right wrist because there was no documented rationale for the procedure, and MRI is recommended in acute hand or wrist trauma if there is suspicion of fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT WRIST: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Section, Magnetic resonance imaging

Decision rationale: MTUS ACOEM 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. Furthermore, ODG states that MRI's are recommended for acute hand or wrist trauma and chronic wrist pain with suspicion of soft tissue tumor. In this case, the patient complains of right wrist pain. The forearm musculature was atrophic, with keloid formation and fibrotic nodules noted on the volar aspect. Tinel's, Phalen's, and reverse Phalen's signs were positive. X-ray of the forearm revealed a distal radial fracture. No prior MRIs have been done. The rationale for the present request is to rule out a median nerve compressive neuropathy, as well as detect muscle mass or necrosis. Therefore, the request is medically necessary.