

<b>Case Number:</b>	CM14-0104408		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

38year old female injured worker with date of injury 4/10/13 with related neck, low back, wrist, and arm pain. Per progress report dated 5/30/14, she complained of left wrist and elbow pain that was constant, sharp, achy, and burning. She reported hand swelling, decreased range of motion of the elbow, decreased strength of the left hand, and tremor of the left upper extremity. She reported left neck pain at the angle of the neck and shoulder that was constant, dull, stabbing, and burning. Her left low back pain in the lumbosacral region was intermittent. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 6/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Magnetic Resonance Imaging (MRI) Left Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a

strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Per the documentation submitted for review, a hand specialist evaluated the injured worker's wrist on 5/8/14. There was normal range motion with flexion of 62, extension of 55, radial deviation of 20 and ulnar deviation of 15. There was a positive Phalen's of the left forearm and tenderness of the forearm flexor compartment. The patient had a reported 2 point discrimination of 20mm or more. Froment's Sign was negative. Pinch grip was weak on the left due to pain at 10kg and 55kg on the right. There was no reported evidence of joint instability and no x-rays were documented to suggest any carpal bone dissociation or instability. MRI was requested to rule out internal derangement. However, there were no exam findings to support this suspicion and as such, there is no medical necessity for an MRI. The request for Magnetic Resonance Imaging (MRI) Left Wrist is not medically necessary.