

<b>Case Number:</b>	CM14-0012454		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 New York. 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 48 year old right claimant was injured 6/27/13 when he fell approximately 7-8 feet from a ladder and landed on his left wrist. He is s/p radius fracture and left wrist sprain. He never had surgery secondary to concerns about possible cardiac problems. He was managed with therapy. He now has a diagnosis of carpal tunnel syndrome, and his provider is requesting an MRI of the left wrist. He has had physical therapy and used a wrist brace. The physiatrist has ordered a left wrist MRI prior to further consultation with the orthopedist for ongoing complaints in the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, HAND WRIST AND FOREARM DISORDERS, 271-273

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** Within the medical records provided for review there are no noted indications for an MRI per the ODG criteria. The injured worker does not have an acute injury.

There is not a note of suspicion of soft tissue tumor, or Kienbock's disease. He doesn't have an acute trauma at this juncture, and so does not meet those applicable criteria (suspect fracture or gamekeeper thumb) either. An MRI study is not medically necessary and appropriate based on not achieving these criteria.