

<b>Case Number:</b>	CM14-0118639		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 & Rehabilitation, has a subspecialty in 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:

The injured worker is a 28-year-old male who reported injury on 06/09/2014. The mechanism of injury was noted to be the injured worker was pulling a broken garbage bin weighing approximately 200 pounds to his truck and he felt pain. The injured worker's medications were noted to include hydrocodone/acetaminophen 10/325 mg. The injured worker underwent an x-ray of the wrist which revealed no acute osseous changes. The prior therapies and surgeries were not provided. The documentation of 06/25/2014 revealed the injured worker had tenderness to palpation and a negative Tinel's. The diagnoses included right wrist pain. The treatment plan included a right wrist MRI. There was a Request for Authorization submitted for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI to Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 252-255-and 269. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate for most injured workers presenting with true hand and wrist problems special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the conservative care that was provided. There was a lack of documentation of nerve compromise to support a necessity for an MRI. There was a lack of documented rationale for the request. Given the above, the request for MRI to Right Wrist is not medically necessary.