

<b>Case Number:</b>	CM14-0137258		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, shoulder, and wrist pain reportedly associated with an industrial injury of November 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of the physical therapy; unspecified amounts of acupuncture; topical agents; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for MRI imaging of the left and right wrist. A non-MTUS Third Edition ACOEM guidelines were invoked, along with non-MTUS ODG Guidelines, the former which was mislabeled as originating from the MTUS. In a handwritten note dated July 20, 2014, the applicant reported multifocal neck, mid back, low back, bilateral shoulder, and bilateral wrist pain, ranging from 5 to 8/10. Physical therapy, neurosurgery consultation, psychiatric referral, and MRI imaging of the bilateral wrists were sought while the applicant was placed off of work, on total temporary disability. Topical compounded medications and tramadol were apparently renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. 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): 269.

**Decision rationale:** While the MTUS guideline in ACOEM Chapter 11, Table 11-6, page 269 does score MRI imaging a 4/4 in its ability to identify and define suspected wrist infections, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how (or if) the proposed MRI would influence or alter the treatment plan. Therefore, the request is not medically necessary.

**MRI of the right wrist:** Upheld

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

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 does acknowledge that MRI imaging is scored 4/4 in its ability to identify and define suspected forearm, wrist, and/or hand infections, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's documentation was sparse, handwritten, difficult to follow, and not entirely legible. It was not stated how the proposed MRI would influence or alter the treatment plan. Therefore, the request is not medically necessary.