

<b>Case Number:</b>	CM14-0139378		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 wrist pain reportedly associated with an industrial injury of January 8, 2014. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for wrist MRI imaging. The claims administrator, it is incidentally noted, stated that it was direct coding ACOEM. The furnished citation, however, did not, in fact, originate from ACOEM. The applicant's attorney subsequently appealed. In a May 2, 2014 progress note, the applicant reported persistent complaints of wrist pain. Occupational therapy was endorsed. The applicant was given a diagnosis of de Quervain's tenosynovitis/tendonitis. On July 2, 2014, the applicant was again diagnosed with left wrist de Quervain's tenosynovitis and left elbow brachial radialis strain. The applicant was described as getting progressively worsened from visit to visit and was reportedly unable to carry his 35-pound son. Motrin was endorsed while the applicant was placed off of work, on total temporary disability. On August 1, 2014, the applicant was again given diagnosis of left wrist de Quervain's tenosynovitis and left elbow brachial radialis strain. MRI imaging of the wrist and elbow was sought while the applicant was placed off of work. Persistent complaints of lifting heavy articles were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance Imaging (MRI) of the 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 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** The diagnosis reportedly present here is that of de Quervain's tenosynovitis or tenosynovitis of radial styloid. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored 0/4 in its ability to identify and define suspected de Quervain's tenosynovitis, the diagnosis reportedly present her. No rationale for selection of this particular imaging study in the face of the unfavorable ACOEM position on the same was furnished by the attending provider. Therefore, the request is not medically necessary.