

<b>Case Number:</b>	CM14-0158974		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 40-year-old male who reported an injury on 08/02/2013, the mechanism of injury was a fall. On 04/04/2014, the injured worker presented with complaints of neck pain. There were also complaints of occasional left wrist pain. Upon examination the injured worker's degree of posture defect is moderately high, due to apparent pain, muscle spasm and distress. There was generalized tenderness of the left arm and forearm and decreased sensation in the C5-6 dermatomes. Reflexes were equal bilaterally. The range of motion for the left wrist were 60 degrees of flexion and 60 degrees of extension with 4/5 strength noted. The diagnoses were: lumbosacral spine sprain/strain with radiculitis, rule out disc herniation; and left wrist sprain/strain, rule out herniated internal derangement. The provider recommended an magnetic resonance imaging (MRI) of the left wrist and hand. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) without Contrast Left Wrist/Hand:** 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): 268-269..

**Decision rationale:** The request for Magnetic Resonance Imaging (MRI) without Contrast Left Wrist/Hand is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients 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." Most patients improve quickly provided red flag conditions are ruled out. There is lack of documentation of previous conservative treatments the injured worker underwent and the efficacy of those treatments. Additionally, there is lack of documentation of objective functional deficits upon physical examination to warrant the need for a MRI of the wrist and hand. There are no red flag conditions to be ruled out. As such, medical necessity has not been established. The request for Magnetic Resonance Imaging (MRI) without Contrast Left Wrist/Hand is not medically necessary.