

<b>Case Number:</b>	CM14-0169398		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal 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 (IW) is a 49-year-old woman with a date of injury of June 1, 2011. The injury occurred secondary to cumulative trauma. Pursuant to the progress note dated July 2, 2014, the IW complains of neck pain radiating down into her bilateral shoulders, right greater than left; right shoulder pain radiating down her right upper extremity; bilateral wrist and hand pain, right greater than left with numbness in all her digits except her small fingers radiating primarily up into her elbow, low back pain radiating down her right lower extremity to her calf. Physical examination of the right wrist reveals point tenderness to palpation over the palmar and dorsal aspects. Range of motion is full. The treating physician's diagnosis was bilateral carpal tunnel syndrome. Treatment has included corticosteroid injections for both wrists, splinting, light duty, physical therapy, acupuncture, TENS unit and heat. MRI of the left wrist dated April 7, 2013 showed left ganglion cyst and right subchondral cyst. There has been no significant clinical change, deterioration or new trauma since the prior MRI. Prior nerve conduction studies performed March 5, 2013 was unremarkable. Current treatment plan recommends the use of medications. At this time, she only wants topical medication and as such, a prescription was provided for Menthoderm topical cream to be applied 2 times a day as needed to reduce pain and increased activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left wrist without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter on the forearm, wrist and hand)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand; MRI

**Decision rationale:** Pursuant the chronic pain with the treatment guidelines and the official disability guidelines, repeat MRI of the left wrist is not medically necessary. The Official Disability Guidelines set forth the indications for imaging (MRI) of the wrist. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker, a 49-year-old woman with low back pain and bilateral wrist pain, had an MRI of the left wrist performed one year prior to this request. The MRI showed a ganglion cyst in the right subchondral cyst. There has been no significant clinical change, deterioration or new trauma since the prior MRI. It is manifestly unclear why the treating physician would expect a different result. Consequently, MRI of the left wrist is not medically necessary. Based on the clinical information in the medical record and the peer reviewed evidence-based guidelines, MRI of left wrist is not medically necessary.