

<b>Case Number:</b>	CM14-0176488		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Interventional Spine 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 patient is a 66-year-old female with an injury date of 04/17/2013. Based on the 09/18/2014 progress report, the patient complains of ongoing pain to her right and left hand. There is still a locking pain on 3 or 4 fingers with swelling and stiffness. The pain remains on the right wrist. The patient has a decreased range of motion for the lumbar spine and positive TTP in lumbar PSM spasm. The 07/31/2014 report states that the patient has pain to the right base of the thumb and also long fingers that lock. The finger injected before with temporary result. The patient uses a TENS unit and rates her pain as a 4/10. The patient's diagnoses include the following: 1. De Quervain's tenosynovitis. 2. Trigger finger, L finger and ring. The utilization review determination being challenged is dated 09/18/2014. There were treatment reports provided from 04/01/2014 - 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist and Hand Chapter, Indications for Imaging, Magnetic Resonance Imaging (MRI)

**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, & hand chapter, MRI

**Decision rationale:** According to the 09/18/2014 progress report, the patient has ongoing pain to the right and left hand, locking pain on 3 or 4 fingers with swelling and stiffness, and pain on her right wrist. The request is for an MRI of the right wrist. Review of the reports do not show that the patient has had an MRI in the past. ODG chapter on forearm, wrist, and hand regarding MRIs states the following: "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." Further indications for imaging include chronic wrist pain, plain films normal, suspect soft tissue tumor, suspect Kienbock's disease. The provider does not document any of these conditions listed above. There is no evidence of any suspected fracture or soft tissue injury that could potentially benefit from an MRI. Review of the reports show "wrist pain" along with trigger fingers and base of thumb pain but no other examination or findings about the wrist. Recommendation is for not medically necessary.