

<b>Case Number:</b>	CM14-0179578		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family 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:

This is a 64-year-old patient who reported an industrial injury on 12/20/2013, almost one year ago, attributed to the performance of usual and customary job tasks. The patient was reported to complain of pain to the left elbow, left wrist/hand, left knee, and left thumb. The objective findings on examination included left elbow flexion 130 with tenderness on the medial and lateral epicondyles, left wrist and hand extension was 45, flexion was 45 with tenderness to the wrist distal radial on a joint, left knee flexion was 150 with medial and lateral joint line tenderness. The patient was diagnosed with left elbow strain/sprain; rule out epicondylitis; left wrist sprain/strain; left hand strain/sprain; rule out tendinitis; rule out carpal tunnel syndrome. The treatment plan included a MRI of the left wrist.

### 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 (ODG), Forearm, Wrist, & Hand, MRI's

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome chapter-MRI; forearm wrist and hand chapter-MRI

**Decision rationale:** The request for the MRI of the left wrist was not supported with objective evidence to support medical necessity for the effects of the cited industrial injury. The requested a MRI of the left wrist one (1) year after the date of injury directed to the diagnosis of wrist sprain. The objective findings on examination were limited to tenderness to palpation of the left wrist. There was no rationale submitted by the provider supported with objective evidence to support the medical necessity of the requested left wrist MRI. The requested MRI was a screening study to rule out internal derangement. The MRI of the left wrist was ordered to rule out a ligamentous tear. The patient has not been prescribed PT/OT and has not been demonstrated to have failed conservative care. The MRI is ordered as a screening examination to rule out "pathology" without the documentation of objective findings on examination to support medical necessity. There was no objective evidence documented to support medical necessity for an MRI of the wrist. The MRI was not ordered by a Hand Surgeon contemplating surgical intervention. There is no specific diagnosis provided to the left hand/wrist other than a "sprain." There are no objective findings on examination to support the medical necessity of the requested MRI study and no objective findings consistent with a TFCC tear or a ligament tear consistent with the cited mechanism of injury. The patient is reporting persistent pain; however, there is no evidence of participation in HEP. The treatment plan for the patient is not demonstrated to be based on the results of the MRI. There is no documentation of possible triangular fibrocartilage (TFCC) and intraosseous ligament tears, occult fractures, or avascular neurosis to support the medical necessity of a MRI of the right/left wrist. The provided diagnoses do not support the medical necessity of the requested MRI of the wrist or hand other than the screening for the possibility of a TFCC tear with no objective findings on examination. There was no demonstrated medical necessity for the MRI of the left wrist for the effects of the industrial injury.