

<b>Case Number:</b>	CM14-0181515		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Pennsylvania. 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 59-year-old woman with a date of injury of 06/08/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/04/2014 indicated the worker was experiencing on-going right wrist pain since a fall approximately two weeks prior despite the use of a splint. X-rays done on 08/21/2014 and 09/04/2014 did not show the reason for the symptoms. The documented examination described tenderness at the indent between the first two fingers. The submitted and reviewed documentation concluded the worker was suffering from degenerative disk disease involving the upper and lower back, carpal tunnel syndrome, cervical radiculopathy, and a right wrist contusion. Treatment recommendations included oral pain medication, continued splinting, and a MRI of the wrist. A Utilization Review decision was rendered on 10/20/2014 recommending non-certification for a MRI of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

**Decision rationale:** The MTUS Guidelines are silent as to the issue of using MRI of the right forearm in this clinical setting. The ACOEM Guidelines strongly recommend the use of MRI with a concern for infection involving this area of the body and with a mildly strong recommendation for a concern of carpal tunnel syndrome. A MRI is not recommended for any other conditions involving forearm, wrist, and/or hand complaints. When a broken scaphoid (wrist bone) is suspected, the Guidelines recommend repeating the x-rays seven to ten days after the symptoms began. A limited bone scan can be used if x-rays are not helpful and the suspicious findings continue. The reviewed records indicated the worker was experiencing on-going right wrist pain since a fall approximately two weeks prior despite the use of a splint. Repeat x-rays did not show the reason for the symptoms. The documented examination described findings concerning for a broken scaphoid. There was no discussion supporting the use of a MRI instead of a limited bone scan for further assessment. In the absence of such evidence, the current request for a MRI of the right wrist is not medically necessary.