

<b>Case Number:</b>	CM14-0025373		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Florida. 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 62 year old female who sustained an injury 8/28/08 from respective use. The injured worker was diagnosed with cervical radiculopathy, post-laminectomy syndrome of the cervical spine and thought to have entrapment neuropathy of the upper limb and carpal tunnel syndrome. On 11/15/13 electrodiagnostic studies revealed a probable left cervical radiculopathy with concurrent denervation of the left abductor pollicis muscle and left first dorsal interosseous muscle which on 11/19/13 were thought to be radicular in origin. On 11/19/13 and 12/17/13 there was tenderness over the left radial wrist, positive left Finklestein test and positive Tinel's sign at the left wrist. On 12/31/13 it was noted that a previous MRI of wrist was denied. On 12/31/13 MRI of left wrist was not requested. A previous review of 01/13/14 denied the request for an 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 WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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:** The Official Disability Guidelines support the use of an MRI of the wrist for acute hand or wrist trauma or for chronic wrist pain thought to be secondary to soft tissue tumor or suspected Kienbock' disease - none of which are suspected in this chronic case of repetitive use injury. In addition the most recent notes of 12/17/13 and 12/31/13 do not articulate the request. There are no notes during from 01/9/14 through 2/23/14 that articulate the medical necessity of the request. As such, the request is not medically necessary and appropriate.