

<b>Case Number:</b>	CM14-0025522		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 41 year old female who reported an injury to her upper extremities when she was lifting a ten pound pot of beans to pour into a different pot. A clinical note dated 09/14/13 indicated the patient complaining of right wrist and thumb pain. The injured worker underwent five physical therapy sessions to date. The injured worker stated she was experiencing right shoulder, elbow, wrist, and hand pain. A clinical note dated 10/12/13 indicated the injured worker continuing with 3/10 pain in the upper extremities. Upon exam, the injured worker demonstrated no significant grip strength deficits at the right. Tenderness and spasms were identified. The injured worker had positive Tinel, Phalen, and Finklestein tests. The previous utilization review for an MRI of the right wrist resulted in denial as insufficient information had been submitted regarding completion of any conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT WRIST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-9.

**Decision rationale:** The request for MRI of the right wrist is medically necessary. The clinical documentation indicates the patient complaining of right wrist pain. Additionally, there is an indication the patient is showing definitive provocative findings including positive Tinel and Phalen signs. The patient also demonstrated significant grip strength deficits on the right. Given the ongoing functional deficits associated at the right wrist and taking into account the ongoing complaints of pain following the completion of at least five physical therapy sessions addressing right wrist complaints, this request is reasonable in order to distinguish the patient's pathology and provide the patient with a pathway for treatment.