

<b>Case Number:</b>	CM14-0026667		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Management 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 24-year-old male with a 01/31/2014 date of injury, due to repetitive activity. A 2/10/14 determination was non-certified given no chronic pain and not acute trauma to suspect either acute ligamentous or acute bony injury. The 2/3/14 first report of occupational injury identified pain the right hand. Exam revealed tender CMC (carpometacarpal) joint of the left thumb, snuff box tenderness, decreased range of motion, and positive Finkelstein's. An MRI of the right wrist was requested. 2/26/14 initial orthopedic evaluation identified right radial wrist, thumb, and forearm pain. Exam revealed positive Finkelstein's test on the right. There was positive carpal compression test and Phalen's test. Diagnoses included mild right de Quervain's tenosynovitis and carpal tunnel syndrome. An injection for de Quervain's was given at the time of the evaluation. An 3/5/14 initial evaluation report (apparently from pain management) identified right wrist pain with radiation to the right arm. The pain was associated with tingling in the right arm and weakness. It was also noted that x-rays were performed on 2/1/14 which came out good. Exam revealed tenderness to palpation over the radial and ulnar aspects of the right wrist with positive Tinel's sign. Strength was 4+/5 in the right wrist and decreased sensation in the median nerve distribution. An MRI was requested. Treatment to date had included medications, physical therapy, bracing, and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI PF THE RIGHT WRIST AND RIGHT HAND:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HAND GUIDELINES.

**MAXIMUS 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, and Hand Chapter, MRIs.

**Decision rationale:** MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. The patient was injured on 1/31/14 due to repetitive activity at work. The prior determination was denied in early February due to no indication of chronic pain and no acute injury, which was appropriate at that time. Additional medical reports were available for review which document continued wrist pain with positive findings of carpal tunnel syndrome and de Quervain's tenosynovitis. An additional request was made for an MRI due to chronic pain. It was also noted that the patient had tried several conservative treatment methods, including medications, physical therapy, bracing, and work restrictions. In this context, the requested MRI would be considered medically necessary, given continued symptoms despite conservative treatment performed for 6-8 weeks, and non-diagnostic x-rays.