

<b>Case Number:</b>	CM14-0030287		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year-old female was reportedly injured on 8/19/2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/27/2014, indicates that there are ongoing complaints of right wrist pain the physical examination demonstrated bilateral elbows-unremarkable exam. Bilateral wrist: limited range of motion right wrist. Positive Tinnel's sign, negative Phalen's, positive Finkelstein's right more than left. Positive tenderness on the right side of the 1st carpal metacarpal wrist and volar wrist. Tenderness on the left side. No recent diagnostic studies are available for review. Previous treatment includes bilateral carpal tunnel release, physical therapy #24 sessions a request was made for MR arthrogram of the left wrist, physical therapy of the left wrist #6 sessions and was not certified in the pre-authorization process on 3/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Forearm, Wrist, Hand, Indications for imaging - Magnetic resonance imaging (MRI).

**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, & Hand (Acute & Chronic) MRI updated 8/8/2014.

**Decision rationale:** MRI arthrogram is recommended in individuals with chronic pain with the following criteria: suspects soft tissue tumor, Keinbocks disease, or significant change in symptoms and/or findings suggestive of significant pathology. After reviewing the medical documentation provided it is noted that the patient does have positive Tinel's, positive Finkelstein's, and mild tenderness however; physical exam findings do not necessitate the requested diagnostic study. Therefore this request is deemed not medically necessary.

**Physical therapy x6 sessions left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** MTUS/ACOEM practice guidelines offer no recommendation for or against physical therapy for this injury. ODG recommends #9 physical therapy visits over 8 weeks after an open hand wound. After review of the available medical records, the injured worker has had 24 physical therapy visits. In addition to the six physical therapy visits requested, this exceeds guideline recommendations. Without significant improvement in function and/or decrease in pain, this request for additional visits of physical therapy is not considered medically necessary.