

<b>Case Number:</b>	CM14-0033374		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Interventional Spine 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:

The patient is a 46-year-old male, with an injury date of 01/20/11. Based on the 01/14/14 progress report provide by [REDACTED], the patient complains of persistent pain in his lower back, right flank area, neck, left wrist, and his bilateral shoulders. An examination of the left wrist reveals tenderness at the left wrist dorsum. The patient has a positive Tinel's and Phalen's sign. He also has pain with terminal flexion and a weak grip. The 10/24/13 electrodiagnostic exam findings are consistent with mild right carpal tunnel syndrome. The patient's diagnoses include the following: 1.Status post C4-C5 anterior cervical discectomy and fusion. 2.Status post L4-5 posterior lumbar interbody fusion (PLIF) 07/27/12. 3.Status post removal of lumbar spinal hardware. 4.Left wrist internal derangement. 5.Shoulder impingement, rule out rotator cuff pathology. [REDACTED] is requesting for one (1) MRI of the left wrist. The utilization review determination being challenged is dated 02/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/10/13- 01/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI of the left wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC, MRI of wrist ([http://www.odg-twc.com/odgtwc/Forearm\\_Wrist\\_Hand.htm](http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm)).

**Decision rationale:** According to the 01/14/14 report by the treating physician, the patient presents with persistent pain in his lower back, right flank area, neck, left wrist, and his bilateral shoulders. The request is for one (1) MRI of the left wrist. There is no rationale provided as to why the treater requests an MRI and there is no indication that the patient had a previous MRI. The Official Disability Guidelines indicate that magnetic resonance imaging has been advocated for patients with chronic wrist pain, because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It is also recommended if ligamentous tear is suspected. Given the persistent, chronic wrist/elbow pain and failure to improve with conservative care, an MRI appears reasonable at this juncture. The request is medically necessary.