

<b>Case Number:</b>	CM14-0047101		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/21/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 09/21/2007. The mechanism of injury involved a fall. Current diagnoses include cerebral concussion, post-concussion syndrome, probable left cerebral/cortical contusion, pain in bilateral TMJ region, cervical radiculopathy, lumbar radiculopathy, pain in bilateral shoulders, interscapular pain, pain in bilateral knees, overflow incontinence and impotence, emotional distress, and sleep disturbance. The injured worker was evaluated on 02/13/2014. Previous conservative treatment includes rehabilitation therapy. The current medication regimen includes Fiorinol, Meclazine, benazepril, Ambien, Zantac, cyclobenzaprine, hydrocodone, naproxen, fluoxetine, lorazepam, and benzotropine. Physical examination revealed severe cranial cervical spasm, severe interscapular spasm, positive Rhomberg testing, positive Tinel's testing at the right wrist with swelling, bilateral foot swelling, bifrontal tenderness, bimaxillary tenderness, bilateral TMJ tenderness, moderately decreased olfaction bilaterally, mildly decreased sensation in all 3 branches of the trigeminal nerve on the right, weakness in the right hand, decreased sensation at the right torso, decreased sensation at the bilateral lower extremities, decreased sensation in the upper extremities, a limping gait, tenderness and spasm at the cervical and lumbar regions, bilateral shoulder tenderness, restricted shoulder range of motion, positive straight leg raising, bilateral knee tenderness, and hypoactive deep tendon reflexes. Treatment recommendations at that time included aquatic therapy, continuation of the current medication regimen, and an MRI scan of the elbow and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that for most patients with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There is no documentation of an attempt at any conservative treatment for the left wrist prior to the request for an imaging study. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.