

<b>Case Number:</b>	CM14-0053251		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 52 year old individual was reportedly injured on 9/30/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 5/7/2014, indicates that there are ongoing complaints of neck pain, right upper extremity pain, and right knee pain. The physical examination demonstrated cervical spine: positive muscle spasm of the paraspinal musculature, pain with range of motion; right shoulder: positive Neer's, limited range of motion, positive tenderness to palpation; right elbow: positive tenderness at the lateral epicondyle; right wrist: positive tenderness dorsally; right knee: positive crepitus during range of motion, positive McMurray's, positive tenderness anteriorly and medially at the joint line. Diagnostic imaging studies include an electromyography and nerve conduction studies (EMG/NCS) of the right upper extremity on 4/9/2014, which reveals moderate right median sensory neuropathy at the wrist. Previous treatment includes physical therapy, acupuncture, and medications. A request was made for MRI of the right hand and MRI of the right wrist, and was not certified in the pre-authorization process on 3/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**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) (Not including Carpal Tunnel Syndrome) MRI updated 8/8/2014.

**Decision rationale:** 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 may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. After review of the medical records provided it is noted that the injured worker has positive tenderness to palpation dorsally on the right wrist, however the findings on the physical exam does not meet the criteria listed above. Therefore, the request for this diagnostic study is deemed not medically necessary.

**MRI of the Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**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) (Not including Carpal Tunnel Syndrome) MRI updated 8/8/2014.

**Decision rationale:** Magnetic resonance imaging (MRI) 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 may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. After review of the medical records provided it is noted that the injured worker has positive tenderness to palpation dorsally on the right wrist, however the findings on the physical exam does not meet the criteria listed above. Therefore, the request for this diagnostic study is deemed not medically necessary.