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| <b>Case Number:</b>   | CM14-0057388 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 08/04/2013 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 04/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2014 |

### 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 Orthopaedic Surgery 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 injured worker is a 41-year-old female with a reported date of injury on 08/04/2013. The injury reportedly occurred when the injured worker was hit by a truck. Her diagnoses were noted to include cervical spine sprain/strain, rule out herniated cervical disc with radiculitis/radiculopathy; left shoulder sprain/strain, rule out tendonitis, impingement, rotator cuff tear, internal derangement; left elbow sprain/strain; left wrist sprain/strain, rule out internal derangement; left hand sprain/strain, rule out tendonitis, carpal tunnel syndrome. Her previous treatments were noted to include medications and physical therapy. The official MRI report was dated 12/29/2013 and it revealed subchondral cyst/erosion at the capitate and minimal effusion at the pisiform-triquetral joint. The progress note dated 12/04/2013 reported the injured worker complained of pain to the neck with radicular symptoms into the arms, pain to the left shoulder aggravated with overhead reaching, and pain in the left wrist aggravated with gripping and grasping. The physical examination of the cervical spine revealed forward flexion was to 40 degrees, extension was to 50 degrees, rotation on the right was to 55 degrees and on the left was to 50 degrees, bending on the right was to 25 degrees and on the left was to 20 degrees. There was tightness in the cervical paraspinal musculature. The examination of the left shoulder revealed flexion was to 90 degrees, extension was to 30 degrees, abduction was to 80 degrees, adduction was to 30 degrees, internal rotation was to 60 degrees, and external rotation was to 70 degrees. The examination of the left wrist revealed dorsiflexion was to 45 degrees, volar flexion was to 45 degrees, radial deviation was to 15 degrees, and ulnar deviation was to 20 degrees. There was a positive Tinel's and Phalen's to the left wrist. The progress report dated 01/15/2014 revealed an MRI at an unknown date of the left wrist flexion and extension which revealed subchondral cyst/erosion of the capitate and minimal effusion of the pisiform-triquetral joint. The progress note dated 02/26/2014 revealed the injured worker complained of pain in the neck

with radicular symptoms into the arms and numbness into the hands, and pain in the bilateral wrists with weakness to the bilateral elbows. The examination of the left wrist noted extension on the right to 60 degrees and on the left 45 degrees, forward flexion on the right 60 degrees and on the left 45 degrees, radial deviation on the right 20 degrees and on the left 20 degrees, and ulnar deviation on the right 30 degrees and on the left 20 degrees. Tinel's and Phalen's were noted to be positive bilaterally. The provider reported an electrodiagnostic report of an unknown date was noted to show no evidence of cervical radiculopathy and no evidence of moderate bilateral carpal tunnel syndrome and mild bilateral ulnar nerve entrapment of both elbows. The request for authorization form dated 12/13/2013 was for an MRI to the left wrist to establish the presence of internal derangement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the 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): 268-269.

**Decision rationale:** The California MTUS/ACOEM Guidelines state if symptoms have not resolved in 4 to 6 weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The Guidelines state the MRI can be used to identify and define forearm, wrist, and hand pathology such as infection. The injured worker has had previous electrodiagnostic studies on an unknown date as well as an MRI in 12/2013, and therefore a repeat MRI is not warranted. Additionally, the documentation provided indicated the injured worker was waiting for authorization for surgery. Therefore, the request is non-certified.