

<b>Case Number:</b>	CM14-0073648		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 58 year old worker who was injured on 01/29/2009 as a result of slip and fall. The worker hit the right eyebrow and right leg against a metal. The worker complains of pain in the two wrists and hands. The pain is continuous, about 9/10 in the right wrist and hand, but 7/10 in the left wrist and hand. The pain is associated with tingling and numbness. It is worsened by pulling, lifting and pushing. The pain limits the worker from gripping and grasping. Also, the worker suffers from 7-8/10 pain in the shoulders; throbbing pain in the elbows; pain in bilateral knees. The worker sleeps with difficulty due to pain. The physical examination is positive for weakness of the wrists, left more than right; decreased range of motion of the neck, together with tenderness to palpation; positive impingement tests of shoulders; tenderness to touch in the joints of the two elbows; decreased range of motion in the upper back together with muscle spasm and tenderness. The lower back has no muscle spasms, but is tender to touch. The knee examination is notable for clicking, popping sounds, and crepitus during range of motion testing. The worker has been diagnosed of R/O Internal derangement of the right ankle; R/O Radiculopathy of the bilateral Upper Extremities; R/O Radiculopathy of the Bilateral Lower Extremities. R/O Internal Derangement of both wrists. The doctor's request for MRI Left wrist is being disputed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259.

**Decision rationale:** Neither the MTUS nor the ACOEM guidelines recommend MRI as a test in diagnosing wrist complaints. Therefore, this request is not medically necessary.