MAXIMUS Federal Services

| Case Number: | CM14-0075196 | | |
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| Date Assigned: | 07/16/2014 | Date of Injury: | 06/01/2012 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

## 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 Internal Medicine 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 50 year old male who was injured on 06/01/2012 when he was lifting heavy rotors into a box when he felt a snap in his left arm. New patient note dated 02/07/2014 documented the patient to have complaints of severe pain radiating from his elbow to his hand and becomes worse with rotation of the forearm. On exam, there is marked tenderness over left elbow common extensor origin. There is severe pain on resisted wrist extension and middle finger extension. There is minimal pain on wrist flexion; abductor pollicis brevis (APB) and first dorsal interosseous power 5/5 bilaterally. The patient is diagnosed with clinical tennis elbow lateral epicondylitis. He has been recommended for MRI scan and Electromyogram (EMG) of left wrist.Prior utilization review dated 04/24/2012 states the request for MRI Arthrogram of the left wrist with contrast is denied as medical necessity has not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram of the left wrist with contrast:** 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): 268-269.

**Decision rationale:** The guidelines recommend MRI of the wrist with acute trauma concerning for fracture or tears after x-rays have been performed. The guidelines also state MRI of the wrist may be performed for persistent symptoms after conservative therapies have failed when considering surgery. There was inadequate subjective and objective data to justify a MRI at this time. The documents did not discuss the conservative therapies tried and failed thus far. It is not clear how MRI would change management at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.