

<b>Case Number:</b>	CM14-0075306		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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:

This is a case of a 54 year old female with a date of injury of 9/23/2011. The patient has sustained cumulative trauma. In an orthopedic follow-up report from [REDACTED] on 4/16/2014, the patient does not report any new injuries. She is taking the prescribed medications and using the transdermal creams which are helping. The patient complains of frequent/constant moderate to severe bilateral shoulder, arm, and wrist pains with numbness in the fingers. On physical examination, range of motion of the shoulders is decreased and there is tenderness of the left shoulder. The range of motion of the wrists is decreased and there is tenderness. The patient has the diagnosis of inflammatory process of the left shoulder, stiff shoulder syndrome bilaterally, left medial epicondylitis, inflammatory process of the wrists bilaterally, rule out right carpal tunnel syndrome, and psych diagnoses. It was recommended that the patient continue with Anaprox, Ultram ER, start Zanaflex instead of cyclobenzaprine, increase Prilosec to twice a day, and continue with compounded transdermal creams. Authorization for MR arthrogram of the wrists and MRI of the left shoulder were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram of the Left Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand.

**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 Chapter; MRI Section.

**Decision rationale:** Based on Official Disability Guidelines, the indications for imaging of the hand and wrist with MRI include: 1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; 2) Acute hand or wrist trauma, suspect scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; 3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb metacarpal phalangeal collateral ligament injury); 4) Chronic wrist pain, plain films normal, suspect soft tissue tumor; 5) Chronic wrist pain, plain films normal or equivocal, suspect Kienbock's Disease; 6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and /or findings suggestive of significant pathology. In this case, the patients left wrist symptoms have been chronic and unchanged. No new trauma or pain was documented. No left wrist x-rays were reported or documented in the records made available. There was also no mention of suspected soft tissue tumor or Kienbock's disease. Therefore, based on ODG guidelines and the review of evidence in this case, the request for MR arthrogram of the left wrist is not medically necessary.

**MR Arthrogram of the Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist & Hand; Official Disability Guidelines Carpal Tunnel Syndrome.

**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 Chapter: MRI Section.

**Decision rationale:** Based on Official Disability Guidelines, the indications for imaging of the hand and wrist with MRI include: 1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; 2) Acute hand or wrist trauma, suspect scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; 3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb metacarpal phalangeal collateral ligament injury); 4) Chronic wrist pain, plain films normal, suspect soft tissue tumor; 5) Chronic wrist pain, plain films normal or equivocal, suspect Kienbock's Disease; 6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and /or findings suggestive of significant pathology. In this case, the patients right wrist symptoms have been chronic and unchanged. No new trauma or pain was documented. No right wrist x-rays were reported or documented in the records made available. There was also no mention of suspected soft tissue tumor or Kienbock's disease. Therefore, based on ODG guidelines and the review of evidence in this case, the request for MR arthrogram of the right wrist is not medically necessary.

