

<b>Case Number:</b>	CM14-0088874		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 47 year old employee with date of injury of 2/1/2013. Medical records indicate the patient is undergoing treatment to rule out possible left wrist triangular fibrocartilage complex tear. Subjective complaints include left wrist pain, pain in the lumbar spine. He rates his pain as 8/10 without medications and 2/10 after the medications. He is s/p blunt head trauma with associated cephalgia, rule out post-concussion syndrome; cervical sprain/strain with radiation to upper extremities; thoracic strain; s/p lumbar fusion with s/p hardware removal, rule out recurrent disc herniation; bilateral shoulder sprain, rule out internal derangement; bilateral wrists sprain; right knee sprain, rule out internal derangement; PTSD and facial trauma. Objective findings include tenderness along the lumbar spine across the beltline. Range of motion (ROM) was limited with flexion beyond 30 degrees. He has pain with recovery from flexion and rotation beyond 30 degrees bilaterally. His cervical spine had muscle tenderness and spasm along the bilateral paracervical muscles. His sensation is decreased in the first dorsal web space and the lateral forearm on the left side. Treatment has consisted of topical Capsaicin based Bio-Therm cream; left wrist brace; physical therapy; Lodine; Norco; Nortriptyline; Robaxin and Kera-Tek analgesic gel. The utilization review determination was rendered on 5/12/14 recommending non-certification of an MRI of the upper extremity without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Upper Extremity without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Magnetic Resonance Imaging

**Decision rationale:** ACOEM states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following:- In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury". The Official Disability Guidelines states for a wrist MRI "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". While the treating physician noted swelling of the left wrist and 4/5 grip strength on physical exam, the treating physician has not provided documentation of plain films and the results of those plain films. As such, the request for MRI of the upper extremity without dye is not medically necessary at this time.