

<b>Case Number:</b>	CM14-0178106		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old male, who sustained an industrial injury on 5/22/2007. He was diagnosed as having neck sprain, displacement of lumbar vertebral disc, joint derangement, and fracture lower humerus. Treatment to date is not included in the medical records submitted for review. Per the Primary Treating Physician's Progress Report dated 9/23/2014, that is mostly illegible, the injured worker reported that medications were effective. Physical examination was not legible. The plan of care included magnetic resonance imaging (MRI) of the right wrist and medications. On 9/24/2014, authorization was requested for magnetic resonance imaging (MRI) of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right 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): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters.

**Decision rationale:** Regarding the request for MRI of right wrist without contrast, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbck's disease. Within the documentation available for review, there is no eligible documentation explain the need for MRI and what diagnostic purpose it serves in this patient. There is no indication that the patient has had a normal plain x-ray of the right wrist. In the absence of such documentation, the currently requested MRI of right wrist without contrast is not medically necessary.