

<b>Case Number:</b>	CM14-0194812		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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 32-year-old female with a 1/29/14 date of injury. The injury occurred as a result of sorting and stacking celery. According to a progress report dated 10/15/14, the patient reported improvement in her right hand and wrist symptoms following the use of a cast. With the cast off, she reported heaviness, diffuse forearm skin numbness, and persistent pain in her wrist and forearm. Objective findings: right wrist pain present in the dorsal radial wrist, first extensor compartment tender, intersection of first and second compartment tendons tender to palpation, Tinel's and Phalen's test negative. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/24/14 denied the request for MRI of the right wrist and forearm. A specific rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right wrist and forearm without 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- MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 54, Table 1, Chronic Pain Treatment Guidelines Forearm, Wrist, and

Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter - MRI

**Decision rationale:** MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. However, in the present case, there is no documentation of prior imaging. In addition, a specific rationale as to why this patient requires an MRI was not provided as there was no documentation of a differential diagnosis. In addition, there is no documentation that this patient has had an acute trauma to her right wrist or forearm or a recent significant change in her symptoms. Therefore, the request for MRI of the right wrist and forearm without contrast was not medically necessary.