

<b>Case Number:</b>	CM14-0198627		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 41-year-old male who reported an injury on 08/07/2014. The mechanism of injury was not submitted for clinical review. His diagnoses included left ulnar wrist pain, left middle trigger finger, and to rule out left ulnar nerve entrapment neuropathy. Previous treatments were noted to include medication and injections. On 11/17/2014, it was reported that the injured worker complained of improvement since previous visit. The injured worker was given an injection for pain improvement. The injured worker complained of left hand/wrist pain rated 4/10 in severity, with tingling and occasional numbness. The injured worker reported having no pain in his left finger. On physical examination, the provider indicated that the left hand/wrist noted a trigger of the left finger. There was tenderness along the distal ulnar region of the left wrist. The injured worker had diminished light touch in the left ring and small fingers. The provider requested an MRI for the left hand and wrist; however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left wrist:** 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, Work Loss Data Institute, LLC; Section: Forearm, Wrist & Hand (Acute & Chronic) (updated 08/08/2014) Indications for Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for an MRI of the left wrist is not medically necessary. The California MTUS/ACOEM Guidelines indicate for patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The guidelines noted magnetic resonance imaging is indicated for suspected carpal tunnel syndrome, infection, or red flag diagnoses. The clinical documentation submitted failed to indicate the provider is suspicious of carpal tunnel syndrome or any red flag diagnoses. There was no indication the injured worker had undergone at least 4 to 6 weeks of conservative therapy. As such, the request is not medically necessary.

**MRI left hand:** 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, Work Loss Data Institute, LLC; Section: Forearm, Wrist & Hand (Acute & Chronic) (updated 08/08/2014) Indications for Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for an MRI of the left hand is not medically necessary. The California MTUS/ACOEM Guidelines indicate for patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The guidelines noted magnetic resonance imaging is indicated for suspected carpal tunnel syndrome, infection, or red flag diagnoses. The clinical documentation submitted failed to indicate the provider is suspicious of carpal tunnel syndrome or any red flag diagnoses. There was no indication the injured worker had undergone at least 4 to 6 weeks of conservative therapy. As such, the request is not medically necessary.