

<b>Case Number:</b>	CM14-0199702		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 male patient with a date of injury of November 15, 2013. A utilization review determination dated November 13, 2014 recommends non-certification of MRI of right wrist. A progress note dated September 25, 2014 identifies subjective complaints of the patient's original injury reported as being in 1989. The physical examination reveals that the patient is in no acute distress, the patient is able to toe walk but slowly, and heel walk is not good. The diagnoses include lumbar spine pain, cervical spine pain, bilateral shoulder pain, and bilateral hand pain. The treatment plan recommends physical therapy once per week for six weeks, bilateral wrist MRI, toxicology testing, and acupuncture once per week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) for the Right 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, MRI

**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 the right wrist, 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 clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. Additionally, there are no subjective complaints and there are no physical exam findings suggesting any wrist pathology. In the absence of such documentation, the currently requested Magnetic Resonance Imaging (MRI) for the Right Wrist is not medically necessary.