

<b>Case Number:</b>	CM15-0001672		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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

### 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 patient is a 49 year old female with an injury date of 09/14/12. Based on the 09/15/14 progress report provided by treating physician, the patient complains of pain to right elbow and right wrist. Physical examination on 06/12/14 and 09/15/14 revealed limited range of motion to right wrist and elbow, and no mention of any other remarkable findings. Patient's medications include Hydrocodone, Orphenadrine Citrate, Diclofenac Sodium and Pantoprazole. X-rays taken to the right elbow and right forearm on 06/12/14 revealed "no progression of degenerative changes." Patient may return to modified work with restrictions per treater report dated 09/15/14. Diagnosis 06/12/14, 09/14/12- carpal tunnel syndrome,- cubital tunnel syndrome,- forearm articular cartilage disorder,- medial epicondylitis. The utilization review determination being challenged is dated 12/23/14. Treatment reports were provided from 01/23/14 - 11/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, Hand (Acute & Chronic) Chapter, MRI

**Decision rationale:** Based on the 09/15/14 progress report provided by treating physician, the patient presents with pain to right elbow and right wrist. The request is for MRI RIGHT WRIST. Patient's diagnosis on 06/12/14 included carpal tunnel syndrome, cubital tunnel syndrome, forearm articular cartilage disorder and medial epicondylitis. Patient's medications include Hydrocodone, Orphenadrine Citrate, Diclofenac Sodium and Pantoprazole. Patient may return to modified work with restrictions per treater report dated 09/15/14. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging), state that Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. The criteria, according to the guidelines include (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease (6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Treater has not provided reason for the request other than subjective pain. Physical examination on 09/15/14 revealed limited range of motion to right wrist and elbow, and no mention of any other remarkable findings. X-rays taken to the right elbow and right forearm on 06/12/14 revealed "no progression of degenerative changes." In this case, the treater does not mention any acute trauma, or any suspicion of subtle fracture. There is no discussion as to whether or not ligamentous tears/instability is an issue. Though there appears to be no record that prior MRI has been done, routinely ordering an MRI to address pain is not recommended. For chronic wrist pain, there has to be a suspicion of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines. Therefore, the request is not medically necessary.