

<b>Case Number:</b>	CM15-0141958		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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(n) 42 year old male, who sustained an industrial injury on 7-19-10. He reported pain in his right arm and hand related to cumulative trauma. The injured worker was diagnosed as having cervical strain and right carpal tunnel syndrome with carpal bossing. Treatment to date has included physical therapy with temporary relief, an EMG-NCV on 8-19-10 with normal results and right shoulder surgery. As of the PR2 dated 1-14-15, the injured worker reports increased pain in his wrist and a prominence. The treating physician noted a prominence in the right wrist that is firm and tender. The treating physician requested a right hand and wrist MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 25.

**Decision rationale:** According ACOEM to the guidelines, MRI of the hand is optional when requested prior to a history and physical by a specialist. According to the ODG guidelines: Indications for imaging, Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there was a history of carpal tunnel and the claimant was authorized to follow up with the hand surgeon. Plain x-rays of the hand were not provided and the injury was chronic. The request for an MRI of the hand is not medically necessary.

**MRI of the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

**Decision rationale:** According to the guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. According to the ODG guidelines: Indications for imaging, Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there was a history of carpal tunnel and the claimant was authorized to follow up with the hand surgeon. Plain x-rays of the hand were not provided and the injury was chronic. The request for an MRI of the wrist is not medically necessary.