

<b>Case Number:</b>	CM15-0147443		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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 26 year old female, who sustained an industrial injury on 12-02-2014. Diagnoses include sleep disturbance NOS, lumbar disc displacement without myelopathy, cervicgia, thoracic or lumbosacral neuritis or radiculitis NOS and tenosynovitis of hand and wrist. Treatment to date has included diagnostics, medications, work modification, ice and heat application and home exercise. Current medications include cyclobenzaprine, diclofenac, LidoPro, pantoprazole, Senna, Tylenol Ex and Ultracet. Per the Primary Treating Physician's Progress Report dated 7-10-2015, the injured worker reported neck pain, lower back pain, left wrist pain, and head pain. She rates her pain as 9 out of 10. The pain is characterized as sharp and shooting with radiation to the upper and lower back. Physical examination of the left wrist revealed restricted range of motion and pain with radial deviation. There was tenderness to palpation over the radial side, ulnar side and TFCC. The plan of care included diagnostic imaging and a functional restoration program after conservative measures. Authorization was requested for magnetic resonance imaging (MRI) left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, & Hand Chapter /MRI's (magnetic resonance imaging).

**Decision rationale:** According to ODG, 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. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. In this case, the injured worker remains with chronic wrist pain despite conservative measures. The injured worker has positive physical examination findings and at this juncture the request for advanced imaging studies is supported for better evaluation of the injured worker's left wrist complaints. The request for MRI left wrist is medically necessary and appropriate.