

<b>Case Number:</b>	CM15-0161250		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: North Carolina  
 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 58 year old female, who sustained an industrial injury on 9-12-11. Initial complaints were the result of a fall injury to her bilateral wrists and left shoulder. The injured worker was diagnosed as having status post bilateral knee contusions; prior left knee arthroscopy (2009); internal derangements bilateral wrists; lumbar spine strain; left shoulder impingement syndrome; internal derangement bilateral knees; right ankle sprain; resolved bilateral elbow arthralgia. Treatment to date has included 7-27-15 indicated the injured worker reported improvements since last follow-up visit. She reports bilateral knee pain 6 out of 10 on the pain scale, left wrist numbness and tingling, low back pain 6 out of 10 and radiates down to the lower extremities. She also complains of neck pain 6 out of 10 that radiates down both shoulders with left shoulder pain 7 out of 10 radiating to left elbow and right ankle pain 6 out of 10 aggravated with prolonged activities. Abdominal pain is also noted due to medications. Objective findings are documented by the provider as left shoulder positive for left Hawkin's-Kennedy impingement test. Positive Roos test. Hands and wrists both were tender along the flexor and extensor creases. The knees note well-healed arthroscopic portals on the left knee and the right ankle is tender along the anterolateral aspect. The treatment plan included multiple diagnostic studies and physical therapy. The provider is requesting authorization of MRI right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist/ hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for hand MRI have not been met and the request is not medically necessary.