

<b>Case Number:</b>	CM15-0183289		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 injured worker is a 31-year-old male who presented with an industrial injury September 4, 2014. Diagnoses have included right and left wrist sprain or strain and tenosynovitis. Diagnostic tests include a sudomotor testing showing "abnormal hand symmetry" interpreted as "possible early signs of peripheral autonomic neuropathy." Documented treatment includes 6 acupuncture sessions; an unspecified number of physical therapy treatments; massage; chiropractic treatments including electro stimulation, paraffin; myofascial release and ultrasound; and medication, but the injured worker has continued to complain of intermittent pain rated in the right wrist as 7 out of 10, and the left at 8 out of 10 during the 8-7-2015 office visit. Both wrists were described as being sharp, burning, and stabbing, and both sides included numbness, tingling and weakness. On 8-7-2015, it was also noted that range of motion on both wrists were "decreased and painful" and there was muscle spasm of the thenar. The injured worker has stated pain increases "to a very uncomfortable level" at work after typing for 1.5 hours, and it interferes with doing house work at home. He has continued to work taking hourly breaks. The treating physician's plan of care includes bilateral wrist MRI stated to "rule out tears in the bilateral wrists" but this was denied on 8-18-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, MRI.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating significant subjective symptoms without clinical instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the bilateral wrist is not medically necessary and appropriate.