

<b>Case Number:</b>	CM15-0198598		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 claimant is 44 year-old male with date of injury of 03-26-2013. According to a progress report dated 07-28-2015, the injured worker reported burning neck pain greater on the left side, shoulder pain, left elbow pain, burning left wrist pain and burning low back pain. Physical examination demonstrated tenderness to palpation at the triangular fibrocartilage complex. There was also tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. Range of motion was 50 degrees with flexion, 45 degrees extension, 15 degrees radial deviation and 30 degrees ulnar deviation. Tinel's and Phalen's were positive. Sensation to pinprick and light touch was lightly diminished along the course of the medial nerve distribution in the left upper extremity. Motor strength was 5 out of 5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes were 2 plus and symmetrical in the bilateral upper extremities. Vascular pulses were 2 plus and symmetrical in the bilateral upper extremities. Diagnoses included left wrist sprain strain, left wrist TFCC tear and left wrist carpal tunnel syndrome. The treatment plan included MRI of the cervical spine, lumbar spine, left shoulder, left elbow, left wrist, pain management, cervical epidural steroid injection, and therapy for the cervical spine, lumbar spine, left elbow and left wrist and shockwave therapy. Follow up was indicated in 4 weeks. On 09-23-2015, Utilization Review non-certified the request for MRI of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** The claimant sustained a work injury in March 2013 when, while stepping out of the way of a truck that was backing up, he stepped into the mirror of a passing vehicle. Conservative treatments have included physical therapy, medications, chiropractic care, and injections. When seen, he was having neck, left shoulder, left elbow, low back, and left wrist pain. Wrist pain was rated at 5-6/10. He had increased pain with gripping, grasping, reaching, pulling, and lifting. He was having weakness and had complaints including numbness, tingling, and pain radiating to the hand and fingers. Physical examination findings included triangular fibrocartilage complex tenderness. There was tenderness at the carpal tunnel and over the first dorsal extensor compartment. He had decreased left wrist range of motion. Tinel's and Phalen's tests were positive. There was decreased left median nerve distribution sensation. Authorization is being requested for an MRI of the left wrist. 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 and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. In this case, the claimant has chronic left wrist pain and triangular fibrocartilage complex tenderness and has pain with gripping and grasping. The MRI would also assess the first dorsal compartment and carpal tunnel which also present with positive physical examination findings. However, plain film imaging of the wrist would be expected to be reviewed prior to obtaining an MRI scan. For this reason the requested MRI of the left wrist is not medically necessary.