

<b>Case Number:</b>	CM15-0206504		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 49 year old male, who sustained an industrial injury on 10-16-2014. The injured worker is being treated for bilateral upper extremity overuse syndrome, mild bilateral epicondylitis, sub electrical bilateral carpal tunnel syndrome, and bilateral forearm tendinitis. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 9-16-2015, the injured worker reported increased symptoms and pain since the last visit. He reported neck pain which ranges 2-6 out of 10 with occasional stiffness, bilateral shoulder crepitus with pain rated as 3 out of 10, right elbow pain rated as 6 out of 10, right wrist- hand pain rated as 8 out of 10 with tingling, a warm sensation of the right small finger rated as 9 out of 10, left elbow pain rated as 5 out of 10, left hand-wrist pain 5-6 out of 10 with warm tingling sensations, lower back pain 7 out of 10, bilateral knee pain 3 out of 10, bilateral ankle pain 7 out of 10 and bilateral pain in the sole of the feet 5 out of 10 with tingling. Objective findings included mild tenderness along the lateral epicondyles and tenderness to both forearms. Hands and wrists: positive Phalen's test right and left. Per the medical records dated 4-20-2015 to 9-16-2015, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporarily totally disabled: remain off work 4-6 weeks. The plan of care included, and authorization was requested, for magnetic resonance imaging (MRI) of the bilateral wrists, elbows and forearms, a Rheumatology consultation and a follow-up appointment in 4-6 weeks. On 9-25-2015, Utilization Review non-certified the request for MRI of the bilateral wrists.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 MRI of Bilateral Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging.

**Decision rationale:** ACOEM states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: "In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury". ODG states for a wrist MRI "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 Kienbock'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". The treating physician has provided no evidence of red flag diagnosis, nor is there a specific indication for the study listed. Further, there is no description in the available medical record of conservative therapies attempted or their outcomes. This request fails to meet ODG and ACOEM criteria for an MRI Of the wrist. As such, the request for MRI of Bilateral Wrist is deemed not medically necessary.