

<b>Case Number:</b>	CM15-0208256		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 injured worker is a 43 year old male with an industrial injury date of 11-08-2014. Medical record review indicates he is being treated for cervical and thoracic spine strain, lumbar spine disc bulges, and right shoulder, left wrist and right knee internal derangement, left shoulder strain, left forearm strain and right thigh sprain (09-22-2015). Subjective complaints (08-14-2015) included pain in neck, thoracic, shoulders, right knee and left wrist. Other complaints included "worsening" left arm pain with weakness of left hand and difficulties with grip. Work status (08-11-2015) is documented as off work for 6 weeks. Objective findings (08-14-2015) included limited range of motion of the neck and lumbar spine due to pain. Prior treatment included physical therapy, H wave, TENS, Norco, Tramadol, Naproxen, Omeprazole and creams. Prior diagnostics included MRI of the left wrist dated 05-18-2015 read as follows: Rupture of the scapholunate ligament's seen with widening of the scapholunate interval; Osseous contusion of the capitates; Synovitis of the radio carpal joint and mid carpal joint. On 09-23-2015 the request for MRI of the left wrist was non-certified by utilization review.

### 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:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist, MRI.

**Decision rationale:** The medical records report persistent wrist pain with new findings of weakness and difficulty with grip. MTUS supports imaging to evaluate etiology of condition when red flags (such as weakness) are noted. As such the medical records support MRI of the wrist congruent with ODG guidelines. Therefore the request is medically necessary.