

<b>Case Number:</b>	CM15-0209549		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/29/2014
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, 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 33 year old female, who sustained an industrial-work injury on 12-29-14. She reported initial complaints of mid back, left sided low back, ribs, shoulder, hands, and legs. The injured worker was diagnosed as having left arm and wrist contusion, left hand and fingers contusion, left hand sprain-strain-strain, left wrist sprain-strain. Treatment to date has included medication. Currently, the injured worker complains of sharp mid back pain rated 7 out of 10 at rest and 9 out of 10 with activities and is associated with weakness and numbness that radiates to the left leg; constant sharp low back pain; constant left shoulder achy pain 5-8 out of 10 and associated with weakness; and constant crampy left leg pain rated 8-10 out of 10. Per the primary physician's orthopedic progress report (PR-2) on 9-25-15, exam notes obesity, tenderness over the dorsal and palmar aspect of wrist and hand dorsum and palm, 4 out of 5 muscle strength, restricted range of motion due to pain. Current plan of care includes diagnostics and physical therapy. The Request for Authorization requested service to include MRI of the left hand, MR arthrogram of the left wrist, and Physical therapy 3 times a week for 4 weeks for the left hand-wrist. The Utilization Review on 10-5-15 denied the request for MRI of the left hand, MR arthrogram of the left wrist, and Physical therapy 3 times a week for 4 weeks for the left hand-wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment.

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

**Decision rationale:** In this case the claimant sustained a work-related injury on 12/29/2014. She complains of chronic back pain, left shoulder pain and left leg pain. On examination, there is tenderness of the left wrist with 4/5 strength and decreased range of motion. The request is for an MRI of the left hand. There are no suspicions of red flag condition in the medical records warranting an MRI. There is no evidence of tumor, infection, neurologic compromise or other abnormality necessitating an MRI. There are also not treatment plan requiring an MRI found in the records. Therefore, the request is not medically necessary or appropriate.

**MR arthrogram of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment.

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

**Decision rationale:** In this case, the claimant sustained an industrial injury on 12/29/2014. She currently complains of back pain, left shoulder pain and left leg pain. The request is for an MR arthrogram of the left wrist. On examination, findings include tenderness of the left wrist, 4/5 strength and some decreased range of motion. There is no evidence of any red flag conditions, such as tumor, infection, neurologic compromise, or fracture, warranted an MT arthrogram. In addition no treatment plans are provided base on the results of the MR arthrogram. Therefore, criteria for this special study are not met and the request is not medically necessary or appropriate.

**Physical therapy 3 times a week for 4 weeks for the left hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** In this case, the claimant incurred an industrial injury on 12/29/2015. She complains of chronic back pain, left shoulder and left leg pain. The request is for physical therapy (3 times/week for 4 weeks) to the left hand and wrist. CA MTUS physical medicine guidelines allow for 9-10 PT sessions and this request for 12 sessions exceeds guideline recommendations. In addition it is unclear how many past PT sessions have been completed over the past year. At this point, there is no rationale given as to why the patient cannot perform a home exercise program. Therefore the request is not medically necessary or appropriate.