

<b>Case Number:</b>	CM15-0024045		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: 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 male patient, who sustained an industrial injury on 02/26/2014. A primary treating office visit dated 01/08/2015, reported subjective complaint of frequent, moderate bilateral elbow pain; along with frequent moderate left wrist pain. Objective findings showed elbows with tenderness to palpation for the anterior /posterior elbows. In addition, the patient had tenderness to palpation of the dorsal wrist and volar wrist. He was diagnosed with right and left lateral epicondylitis and left wrist pain. A request was made for a magnetic resonance imaging of left wrist be obtained. On 01/12/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM Guidelines, Forearm, Wrist, and Hand Complaints, Magnetic resonance imaging, and the ODG Forearm, Wrist and Hand were cited. The injured worker submitted an application, on 02/09/2015, for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Forearm, Wrist, and Hand (updated 11/13/14) MRI's (magnetic resonance imaging).

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

**Decision rationale:** The patient presents with bilateral elbow pain and pain in the left wrist. The request is for MRI LEFT WRIST. Physical examination on 01/15/15 to the left wrist revealed tenderness to palpation over the dorsal wrist and volar wrist. Range of motion was normal. Patient has completed 6 acupuncture treatment sessions. MRI findings on 11/21/14 of the left wrist showed volar wrist ligaments including the intrinsic ligament, palmar ulnar and palmar radial extrinsic ligaments appeared normal, superficial and deep dorsal wrist ligaments also appeared normal, the triangular fibrocartilage complex and no evidence of edema. Carpometacarpal, intercarpal and distal radioulnar joints appear normal with intact and smooth was intact, small lobulated cystic lesions (8.3 x 4.8 mm) was seen at the volar aspect of rasiocarpal joint and appeared hypointense on TIW and hyperintense on T2/STIR images, suggestive of a ganglion cyst. Median nerve showed normal caliber and signal intensity, its relation with the flexor pollicis longus level of hook of hamate appeared normal. Guyons canal and structures within it were unremarkable. Ulnar nerve and the vessel-radial and ulnar arteries and veins were unremarkable. Distal end of the radius and ulna, carpals and visualized metacarpals revealed normal signal intensity and no evidence of edema. Carpometacarpal, intercarpal and distal radioulnar joints appeared normal with intact and smooth articular surfaces. Normal alignment of the carpal bone was maintained. Scapholunate angle appeared normal. No evidence of radiocarpal instability was noted. Per 01/08/15 progress report, patient's diagnosis include right lateral epicondylitis, left lateral epicondylitis, and left wrist pain. Patient's work status is modified duties. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) 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 (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. - Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienb&#131;ck'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. (Mays,2008). Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Treater has not provided a reason for the request. In this case, the patient has been diagnosed with right lateral epicondylitis, left lateral epicondylitis, and left wrist pain. It would appear that an MRI was obtained without authorization as noted above. The requested MRI would appear medically reasonable given the patient's chronic wrist pain with suspicion for ligament injury. While a repeat MRI would not be appropriate, the MRI obtained on 11/21/14 WAS medically necessary.