

<b>Case Number:</b>	CM15-0049573		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 41-year-old female with an industrial injury dated January 20, 2015. The injured worker diagnoses include left forearm strain, left wrist sprain/strain, and left de Quervain's disease. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/6/2015, the injured worker reported constant severe dull, achy left wrist pain and left forearm pain with stiffness and cramping. Objective findings revealed decrease range of motion of the left wrist and left forearm with pain. The treating physician prescribed 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:

**One (1) MRI of the 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines forearm, wrist, and hand chapter, MRI.

**Decision rationale:** This patient presents with left forearm pain and left wrist pain. The request is for one (1) MRI OF THE LEFT WRIST on 03/03/15 per the utilization review letter dated 03/09/15. The patient is remaining off work until 04/20/15 per 03/06/15 report. ODG guideline, forearm, wrist, and hand chapter, has the following indications regarding MRI of wrist: 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 Kienbck's disease. Review of reports does not mention prior MRI of the left wrist. X-rays of the left wrist (3 views) dated 10/14/14 revealed negative findings. Per 03/06/15 report, the patient has tenderness to palpation of the thenar region, dorsal wrist, and volar wrist with decreased and painful range of motion. Given the persistent pain and suspected ligament injury, an MRI would be reasonable. The request IS medically necessary.