

<b>Case Number:</b>	CM15-0053388		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency Medicine

### 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 55 year old female who sustained a work related injury March 1, 2011. Past history included s/p C5-C7 fusion, June 2013, s/p decompression and Mumford procedure, right shoulder. According to an orthopedic physician's office visit, dated February 11, 2015, the injured worker presented with neck, low back, right shoulder, right hip and left wrist pain. An MRI of the right hip dated March 13, 2013, demonstrates two areas of right hip labral tearing; one is anterior and superior and the second inferior labral and adjacent paralabral cyst with chronic gluteus minimus and medius tendinosis. She is walking with a limp. There is pain in the left wrist with limited range of motion. Diagnoses included discogenic cervical condition; discogenic lumbar condition with facet inflammation and radiculopathy; impingement syndrome of the right shoulder; right hip joint inflammation with labral tearing. Treatment plan included request for authorization of an MRI and CT scan of the left wrist, to evaluate for bony healing consistent with fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-260. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute &Chronic), MRI (Magnetic Resonance Imaging).

**Decision rationale:** The requested MRI of left wrist, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, Pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker has neck, low back, right shoulder, right hip and left wrist pain. The treating physician has documented pain in the left wrist with limited range of motion. The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI of left wrist is not medically necessary.

**CT of left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-260. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute &Chronic), MRI (Magnetic Resonance Imaging).

**Decision rationale:** The requested CT of left wrist, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, Pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker has neck, low back, right shoulder, right hip and left wrist pain. The treating physician has documented pain in the left wrist with limited range of motion. The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, CT of left wrist is not medically necessary.