

<b>Case Number:</b>	CM14-0125440		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/03/2001
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old female with a 6/3/01 date of injury; the mechanism of the injury was not described. The reviewer's note dated 7/3/14 stated that the patient was seen on 6/10/14 with complaints of 5/10 neck pain, 7/10 bilateral shoulder pain, 7/10 left wrist pain and 8/10 right wrist pain. Exam findings revealed tenderness to bilateral wrists, positive Phalen's sign bilaterally and tenderness to the cervical spine. The diagnosis is sprain of the wrist, carpal tunnel syndrome, cervical sprain/strain and rotator cuff syndrome. MR Arthrogram of the right wrist dated 3/16/04 (the radiology report was not available for the review) revealed: findings consistent with arthritis, most likely osteoarthritis; mild tenosynovitis of the extensor tendons of the radial aspect of the wrist. MR Arthrogram of the left wrist dated 3/16/04 (the radiology report was not available for the review) revealed: innumerable large osseous erosions with proliferation of the synovium, most likely related to RA. MRI of the left hand dated 8/2/13 revealed: osteoarthritis of 2nd, 3rd, 4th metacarpophalangeal joints and carpometacarpal joint of thumb; tenosynovitis of flexor tendon of 3rd digit. Treatment to date: physical therapy, acupuncture, and medications. An adverse determination was received on 7/3/14 given that the submitted documentation failed to address what conservative treatment the patient had previously participated in and it was unclear what prior imaging study the patient had undergone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Bilateral Wrist between 6/20/14 and 9/19/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 1 page 254). Decision based on Non-MTUS Citation ODG), Forearm, Wrist, and Hand Chapter.

**Decision rationale:** CA MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. In addition, ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The progress notes indicated that the patient had left and right wrist MRI in 2004 and 2013. The patient's injury was over 13 years ago and there is a lack of documentation regarding recent wrist trauma or new hand pathology. There is no clear rationale with regards to bilateral wrist MRI. Therefore, the request for MRI Bilateral Wrist was not medically necessary.