

<b>Case Number:</b>	CM14-0149838		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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:

The requested medical services, goods or items that were denied or modified was an MRI of the upper extremity without contrast. The request for the independent medical review was signed on September 8, 2014. Per the records provided, this is a 35-year-old man who sustained an industrial injury on April 24, 2013. The mechanism of injury was repetitive lifting and stocking shelves of 5 gallon paint buckets. His diagnoses were chronic lumbar sprain, bilateral upper extremity overuse syndrome, right De Quervain's tenosynovitis, left wrist sprain, rule out triangular fibril cartilage complex tear. Prior treatment included medicines and the wrist brace. A qualified medical evaluation from May 2014 noted there was pain at nine out of 10 in the low back, left lower elbow, wrist and hand pain. The pain was better with medicines and exercise and when he was not working. On exam, there was tenderness to the paraspinals and hypertonicity. There was decreased range of motion. There was decreased sensation bilaterally at L4-S1. There was a positive Kemp test bilaterally. There was a report from [REDACTED] dated May 23, 2013. His last day worked was April 19, 2013. He began his work with [REDACTED] as a freight team member. He worked without incident until April 2013 when he began to have pain in the low back, both hands and wrists in his right thumb. He attributes his symptoms to repetitive heavy lifting, pushing and pulling as well as repetitive gripping, grasping and hand movements which were required for him to perform his job duties. On April 23, 2013 the pain worsened to the point that he felt he could no longer do his job duties. At the medical industrial department he underwent a physical exam and was advised to take ibuprofen. He was provided with bilateral wrist splints and a thumb splint. He was released back to work with restrictions of no lifting in excess of 7 pounds. He was not accepted back to work with those restrictions and was placed off work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Upper extremity w/o dye (left wrist): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, MRI

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding MRI of the wrist, the ODG notes: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. It is not clear that this patient has any of these conditions; the need for the advanced imaging study is not yet established. The request is not medically necessary.