

<b>Case Number:</b>	CM14-0028954		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 38 year-old male who was injured on 9/9/04 due to repetitive trauma to his right upper extremity. He fell off a chair, breaking his fall with his wrist/wrist/hand on 11/7/12. He complained of right upper extremity and neck pain, and numbness and tingling in his wrist. On exam, he had tender wrists with decreased range of motion and normal gross motor function and reflexes. He had decreased sensation on the left. He had decreased range of motion of his cervical spine. In 1/2013, he started physical therapy and acupuncture. He had an unremarkable right wrist MRI on 2/26/13. This MRI was used for an "anatomical impairment measurement". A cervical MRI on the same day revealed reduction in the cervical curve, otherwise unremarkable. By 4/2013, his neck and right shoulder pain had improved so he returned to work but was then taken off due to a stress leave. A 6/27/2014 electrodiagnostic test showed moderate right ulnar neuropathy at the elbow consistent with cubital tunnel syndrome but no evidence of cervical radiculopathy, brachial plexopathy, myopathy or any other mononeuropathies (median or radial) on the right upper limb/extremity. He was diagnosed with cervical sprain and right wrist sprain/strain. He was treated with Naproxen, Cyclobenzaprine, Tramadol, and topical analgesic and recommended a home exercise program. The current request is for previous cervical x-ray and MRI of right wrist done on 2/26/13 and consultation and anatomic impairment measurement of the right wrist MRI done on 3/2/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for X-rays of the cervical spine DOS: 2/26/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request is considered not medically necessary. As per MTUS guidelines, criteria for ordering imaging studies are "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to an invasive procedure. He began physical therapy in 1/2013 and had improvement. There were no physical therapy notes included but general statements of improvement were included in the chart. The patient did not have documented red flags or was documented to have scheduled surgery. If patient fails a 3-4 week period of conservative therapy, imaging may be warranted but this does not appear to be the case. Therefore the request is considered not medically necessary.

**Retrospective request for MRI of the right wrist DOS: 2/26/13: Upheld**

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

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

**Decision rationale:** The request is considered not medically necessary. As per MTUS guidelines, the patient does not need special studies until after a 4-6 week period of failed conservative care and there are no red flags or exceptions as stated in the MTUS. The patient had received physical therapy and had some improvement in symptoms. He was even able to return to work in 4/2013. Therefore, it cannot be stated that he failed conservative therapy. There was no indication for an MRI at the time, therefore, the request is considered not medically necessary.

**Retrospective request for consultation and anatomic impairment measurement of the right wrist MRI DOS: 3/2/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Because the MRI of the right wrist was considered not medically necessary, it is not medically necessary to have a consultation and anatomic impairment measurement of the right wrist MRI. There are also no specific MTUS or ODG guidelines for the use of anatomic impairment measurements. The request is considered not medically necessary.

