

<b>Case Number:</b>	CM14-0216857		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 60 year old male who sustained a work related injury on November 14, 2013 while working as a laborer. The injury was described as a twisting type injury to the left wrist which occurred while he was handling large plastic covers and did repetitive stapling of the plastic. He experienced immediate left wrist pain. The injured worker was diagnosed with a straining injury. He was provided a brace and returned to work with restrictions. A current physicians report dated October 30, 2014 notes that the injured worker reported pain, weakness, tenderness, clicking and limited range of motion of the left wrist. Physical examination of the left wrist revealed tenderness to palpation over the extensor compartment. A Phalen's, medial nerve compression, Tinel's, Finkelstein's, Watson and Allen's sign were negative. Grip strength was decreased on the left. Current diagnoses include a left wrist extensor tendinitis. Work status is full work duty. The documentation notes that the injured worker had remained significantly symptomatic despite passage of time and care to date. The treating physician noted that the injured workers examination was consistent with a possible tear of the triangular fibrocartilage complex. There is no documentation of recent conservative treatment. The treating physician requested an MRI of the left wrist without contrast. Utilization Review evaluated and denied the request on December 6, 2014. Utilization Review denied the request due to lack of documentation of recent conservative care and a reason why the MRI of the left wrist is necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint upper extrem w/o dye:** 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 MTUS ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as MRI are not needed until after a four to six week period of conservative care and observation. Special imaging studies may be considered in cases of suspected fracture, ligament rupture, recurrent ganglion, suspected infection or autoimmune disease. In the case of this worker, there was no evidence found in the documentation (subjective or objective) to suggest any of these diagnoses were present and causing the worker's symptoms. There was no numbness or tingling, no soft tissue swelling, no instability, and negative Phalen's/Tinel's and other provocative testing. Also, there was no explanation as to why the MRI was ordered for the upper extremity and what was expected to be found on the imaging study. Therefore, without a documented clear and reasonable indication for imaging, the MRI will be considered medically unnecessary.