

<b>Case Number:</b>	CM15-0014161		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, California

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 12/14/2011. She has reported subsequent bilateral wrist and hand pain and was diagnosed with bilateral carpal tunnel status post carpal tunnel release on the right with persistent symptomatology. Treatment to date has included oral pain medication, wrist braces, application of heat and cold and a TENS unit. In a progress note dated 12/16/2014, the injured worker reported pain in the long finger on the right with stiffness and swelling and numbness and tingling of the second and third fingers on the left. Objective physical examination findings were notable for tenderness along the long finger, decreased sensation along the second and third finger on the right and generalized bilateral weakness. The patient sustained the injury due to cumulative trauma. The patient's surgical history include CTR on right wrist. Any diagnostic report was not specified in the records provided. The medication list include Tramadol, gabapentin, Naproxen. Per the doctor's note dated 1/13/15 patient had complaints of right wrist pain and numbness and tingling in 2nd and third finger on left side. Physical examination of the left wrist on 11/12/14 revealed mild positive Tinel's sign, tenderness on palpation. The patient has had EMG of the bilateral UE in the past. The details of PT or other types of therapy done since the date of injury were not specified in the records provided

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11, forearm, wrist and hand complaints, pg 268-269. Decision based on Non-MTUS Citation Official disability Guidelines, current online version Forearm, Wrist, & Hand (updated 03/09/15) MRI's (magnetic resonance imaging)

**Decision rationale:** Request: MRI without contrast of left wrist My rationale for why the requested treatment/service is or is not medically necessary: Per cited ACOEM guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders. ACOEM guidelines don't address this issue completely hence ODG guidelines are used. Per cited guidelines, "Indications for imaging Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) Chronic wrist pain, plain films normal, suspect soft tissue tumor Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease". The records provided did not specify any of the indications listed above. There was no evidence of significant wrist trauma, or evidence of distal radial fracture. A detailed recent physical examination of the left wrist was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. A plan for an invasive procedure of the left wrist/hands was not specified in the records provided a recent left wrist X-ray report was not specified in the records provided. With this it is deemed that medical necessity of MRI without contrast of left wrist is not established in this patient at this time.