

<b>Case Number:</b>	CM15-0115711		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 26-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 15, 2015. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for MRI imaging of the right wrist. The claims administrator referenced an April 20, 2015 RFA in its determination. The claims administrator also cited an April 6, 2015 progress note. The applicant's attorney subsequently appealed. On March 30, 2015, the applicant reported ongoing complaints of right and left wrist pain. Paresthesias, numbness, and tingling were noted about both hands and digits, it was reported. The applicant exhibited positive Phalen and Finkelstein maneuvers about the right wrist with tenderness over the extensor compartment of the left wrist. The claimant was given diagnoses of right wrist tendinitis, right wrist de Quervain tenosynovitis, right carpal tunnel syndrome, and superficial right radial neuritis. A secondary diagnosis of left wrist extensor tendinitis was also given. MRI imaging of the right wrist was sought along with electrodiagnostic testing of bilateral upper extremities. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** No, the request for MRI imaging of the right wrist was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269, MRI imaging scored a 0/4 in its ability to identify and define suspected de Quervain's tenosynovitis and a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., the stated diagnoses present here. It was not clearly stated why MRI imaging was sought for diagnoses for which it scored poorly in its ability to identify and define, per ACOEM. It was not clearly stated why MRI imaging was sought for a diagnosis of de Quervain tenosynovitis if said diagnosis was already clinically evident, as suggested by the applicant's wrist pain and positive Finkelstein maneuver about the right wrist. Therefore, the request was not medically necessary.