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| <b>Case Number:</b>   | CM15-0178053 |                              |            |
| <b>Date Assigned:</b> | 09/18/2015   | <b>Date of Injury:</b>       | 05/19/2008 |
| <b>Decision Date:</b> | 10/21/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female with an industrial injury dated 05-19-2008. Medical record review indicates she is being treated for right shoulder sprain and carpal tunnel syndrome. The medical record dated 08-18-2015 indicates the injured worker is complaining of pain and numbness in the left radial area. The pain is documented as 8 out of 10, with a maximum without meds as 8 out of 10 and a minimum as 3 out of 10. The pain is documented as sharp and achy with numbness and tingling. It is described as "constant with flares, waking her up at night." She stated it "wakes her up 3-4 times per night." She also complained of "numbness in the right wrist." Physical examination findings are documented as tenderness at the right medial and lateral epicondylitis and left shoulder. Other findings are documented as decreased sensory right thumb, index and middle fingers with positive Tinel and Phalen's of right wrist and right elbow (medial aspect.) The treating physician documents the injured worker had completed physical therapy and had improved range of motion (right shoulder). "She is approaching MMI (maximum medical improvement.)" Work status was with restrictions of "no lift more than 10 pounds" and "no reach or overhead work." Prior progress notes (05-05-2012 and 06-24-2015) documented "tender and swollen at the left radial wrist." The treating physician requests a MRI of the left wrist. "She has never had one done on the left side." "Due to chronic pain and numbness in the radial area, need to rule out tendonitis versus ligament damage". Other treatments included functional restoration program, anti-inflammatory drugs, stomach protectant, muscle relaxants, pain medication, and anti-depressant. The treatment request is for MRI of left wrist. On 08-27-2015, the request for MRI of the left wrist was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Review indicates the provider noting the patient is reaching MMI. Exam showed findings involving the Right thumb and Right wrist in which she has received treatment and work restrictions. Current request is for the left wrist MRI as "She has never had one done on the left side." Criteria for ordering imaging studies such include 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 the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Left Wrist is not medically necessary and appropriate.