

<b>Case Number:</b>	CM15-0024601		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 42 year old female who sustained an industrial injury on 07/05/2015. Diagnoses include hand joint pain and forearm joint pain. Treatment to date has included injections, bracing and anti-inflammatory medications. A physician progress note dated 01/15/2015 documents the injured worker has persistent and nonspecific pain throughout the entire bilateral upper extremity. Nerve conduction studies done on 11/13/2014 documented findings are consistent with minimal right carpal tunnel syndrome. She complains of numbness and tingling on both hands median ulnar nerve distribution. She has pain and tenderness over the bilateral median and lateral epicondylar area, olecranon, volar elbow, along the antecubital fossa, as well as along the course of brachial radialis muscle. She also has pain and tenderness over the bilateral cubital tunnel with positive elbow flexion test and over the bilateral first dorsal compartment with negative Finkelstein's test, and pain over the thumb basal joint. She also has pain over the bilateral scaphoid and lunate joint area with negative Watson Test, and negative LT shuck test, and negative piano key test. She has normal pronation and supination, but pain is present. Treatment requested is for Magnetic Resonance Imaging left elbow w/o dye, MRI left wrist w/o dye, and MRI right wrist w/o dye. On 01/28/2015 Utilization Review non-certified the request for Magnetic Resonance Imaging of the left elbow w/o dye, Magnetic Resonance Imaging left wrist w/o dye, and Magnetic Resonance Imaging right wrist w/o dye, and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right wrist w/o dye:** 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): 269, 272.

**Decision rationale:** This 42 year old female has complained of bilateral wrist and left elbow pain since date of injury 7/5/2007. She has been treated with physical therapy, injections and medications. The current request is for an MRI of the right wrist without dye. Per the MTUS guidelines cited above, MRI in the evaluation of forearm, wrist and hand complaints is not recommended prior to an examination of a qualified specialist. Additionally, this patient's injury is old and there is inadequate documentation of new symptomatology and examination findings to support obtaining an MRI of the left wrist at this time. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the right wrist is not indicated as medically necessary.

**MRI left wrist w/o dye:** 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): 269, 272.

**Decision rationale:** This 42 year old female has complained of bilateral wrist and left elbow pain since date of injury 7/5/2007. She has been treated with physical therapy, injections and medications. The current request is for an MRI of the left wrist without dye. Per the MTUS guidelines cited above, MRI in the evaluation of forearm, wrist and hand complaints is not recommended prior to an examination of a qualified specialist. Additionally, this patient's injury is old and there is inadequate documentation of new symptomatology and examination findings to support obtaining an MRI of the left wrist at this time. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the left wrist is not indicated as medically necessary.

**MRI left elbow w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

**Decision rationale:** This 42 year old female has complained of bilateral wrist and left elbow pain since date of injury 7/5/2007. She has been treated with physical therapy, injections and medications. The current request is for an MRI of the left elbow without dye. Per the MTUS guidelines cited above, MRI in the evaluation of forearm, wrist and hand complaints is not recommended prior to an examination of a qualified specialist. Additionally, this patient's injury is old and there is inadequate documentation of new symptomatology and examination findings to support obtaining an MRI of the left wrist at this time. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the left elbow is not indicated as medically necessary.