

<b>Case Number:</b>	CM15-0065320		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 37 year old female who sustained an industrial injury on 5/8/2014. Her diagnoses, and/or impressions, include: left wrist and elbow pain; left De Quervain's disease; rule-out left carpal tunnel syndrome; left elbow epicondylitis; left hand tenosynovitis; chronic pain syndrome; and insulin-resistant Diabetes Mellitus. The progress report of 10/11/2014 is hand written and mostly illegible. No magnetic resonance imaging studies of the left wrist, or upper extremity, was noted. Her treatments have included acupuncture therapy; wrist brace; rest from work; hot/cold packs; exercise; and medication management. The progress notes of 10/11/2014 noted complaints that included moderate left elbow pain that interferes with her activities of daily living. The physician's requests for treatments included a magnetic resonance imaging of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging).

**Decision rationale:** The patient presents with LEFT hand and lower back pain. The request is for MRI OF THE LEFT WRIST. The request for authorization is dated 11/04/14. MRI of the LEFT hand, date unspecified, shows volar flexor tendinopathy of middle and index finger, actual study not provided. Physical examination of the LEFT wrist reveals no bruising, swelling, atrophy, or lesion present. Tenderness to palpation of the anatomical snuffbox, lateral wrist, thenar and volar wrist. Pain with resisted flexion of digits 2-4. Range of motion is decreased and painful. There is muscle spasm of the forearm. Tinel's and Findelstein's is positive. Swelling and tenderness in finger joints. JAMAR grip strength, second notch: Right 45, 45, 45 Kg, Left 35, 35, 30 Kg. The patient complains of constant, severe, sharp, stabbing, throbbing, burning wrist and finger pain, with numbness, tingling and weakness. Patient also suffers from depression. Per progress report dated, 02/03/15, the patient is temporarily totally disabled. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging), state that Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. Treater does not discuss the request. In this case, patient continues with severe chronic wrist pain. Given the patient's symptoms and physical examination findings, ODG guidelines advocate the use of MRI imaging to perform a global examination. Review of medical records does not indicate a prior MRI of the LEFT wrist being done. Therefore, the request IS medically necessary.