

<b>Case Number:</b>	CM15-0075157		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: New Jersey

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:

This 46 year old man sustained an industrial injury on 3/21/2014. The mechanism of injury is not detailed. Diagnoses include bilateral shoulder sprain/strain, bilateral shoulder tendinitis, bilateral shoulder impingement syndrome, bilateral elbow/forearm sprain/strain, bilateral elbow epicondylitis, bilateral wrist sprain/strain, rule out bilateral carpal tunnel syndrome, bilateral wrist overuse syndrome, sleep disturbance secondary to pain, and situational depression. Treatment has included oral and topical medications and chiropractic care. Physician notes on a PR-2 dated 3/5/2015 show complaints of bilateral shoulder, elbow, and forearm pain as well as pain and numbness in the wrist. Recommendations include continue chiropractic treatment, topical medications, bilateral forearm MRIs, and follow up in five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Bilateral Forearms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as MRI are not needed until after a four to six week period of conservative care and observation. Special imaging studies may be considered in cases of suspected fracture, ligament rupture, recurrent ganglion, suspected infection or autoimmune disease. In the case of this worker, there was ongoing conservative care (chiropractor treatments) which were helping reduce the reported 1/10 level pain in the bilateral forearms. Upon review of the physical findings, there was insufficient evidence to suggest a red flag diagnosis was suspected or likely to be present to warrant MRI. Therefore, MRI would not be appropriate or medically necessary at this time and continued conservative care as long as it is helping is appropriate.