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| <b>Case Number:</b>   | CM15-0092629 |                              |            |
| <b>Date Assigned:</b> | 05/19/2015   | <b>Date of Injury:</b>       | 09/18/2013 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/13/2015 |

### 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: 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 injured worker is a 63-year-old female, who sustained an industrial injury on 9/18/13. The injured worker has complaints of persistent and worsening left ulnar wrist pain. The documentation noted that left carpal tunnel symptoms are also persistent and the previous nerve conduction study was consistent with severe left median neuropathy across the wrist. The diagnoses have included fracture, olecranon (closed). Treatment to date has included protective brace and over-the-counter anti-inflammatory medications as needed and avoid any heavy strenuous use of the hand. The request was for magnetic resonance imaging (MRI) of the left wrist with contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the left wrist with contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272.

**Decision rationale:** The MTUS Guidelines do not recommend the use of MRI as a routine evaluation tool for wrist injuries as most recover quickly and can be diagnosed without imaging. In the absence of red flags, conservative therapy should be utilized for 6-8 weeks prior to imaging or special tests are considered. The injured worker had an MRI of the left wrist over one year ago that revealed partial tears of the SLIL, LTIL and radial TFCC. She recently had a nerve conduction study done that revealed left carpal tunnel syndrome. The injured worker's pain level has continued to increase despite consistent medication use, physical therapy and other conservative measures. The request for Magnetic Resonance Imaging (MRI) of the left wrist with contrast is determined to be medically necessary.