

<b>Case Number:</b>	CM15-0098423		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 61 year old male who sustained an industrial injury on 09/18/2014. The injured worker was diagnosed with lumbosacral degenerative disc disease, osteoarthritis of the lumbar spine, lumbar radiculopathy and thoracic/lumbosacral musculoligament sprain. There was no diagnosis rendered for the right wrist/hand. Treatment to date includes diagnostic testing with lumbar magnetic resonance imaging (MRI) on February 18, 2015 and electrodiagnostic studies of the lower extremity on February 20, 2015 reported as chronic right L5 nerve root irritation. Other treatment modalities consist of conservative measures, physical therapy and medications. According to the primary treating physician's progress report on April 8, 2015, the injured worker continues to experience low back pain with radiation down the right leg to the foot and right hand pain with numbness traveling up and down the arm. The injured worker rates his back pain at 6-7/10 and his right hand pain at 7/10. Examination documented swelling of the dorsum area of the right hand. Current medication was noted as Norco. Treatment plan consists of continuing with physical therapy to the right arm and lumbar spine and the current request for magnetic resonance imaging (MRI) of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist/Hand, MRI's.

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

**Decision rationale:** The 61 year old patient complains of pain in lumbar spine, rated at 6-7/10 and radiating down the right leg to foot, along with right hand pain and numbness, rated at 7/10 and traveling up and down the arm, as per progress report dated 04/08/15. The request is for MRI joint upper extremities w/o dye. The RFA for the case is dated 05/05/15, and the patient's date of injury is 09/18/14. Diagnoses, as per progress report dated 04/08/15, included musculoligamentous sprain/strain of thoracic and lumbar spine, lumbar radiculopathy, and L3-4 mild disc height loss. The patient is off work, as per the same progress report. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) 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. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, progress reports do not document prior MRI of the wrist. The patient does suffer from right hand pain, rated at 7/10, along with numbness, as per progress report dated 04/08/15. The treater is requesting for an MRI to assess the "chronic pain, swelling, weakness" in the wrist. While the treater does not document any neurologic findings, ODG guidelines also support MRIs in patients with chronic wrist pain. Hence, the request IS medically necessary.