

<b>Case Number:</b>	CM14-0173027		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

41 yr. old female claimant sustained a cumulative work injury from 5/1/12-5/1/13 involving the shoulders, neck, back and wrists. She was diagnosed with a herniated cervical nucleus pulposis, bilateral shoulder derangement, bilateral carpal tunnel syndrome, and thoracic spine myoligamentous injury. A progress note on 9/2/14 indicated the claimant had increasing bilateral wrist pain with tingling and burning in the fingers. Exam findings were notable for decreased range of motion of the wrists, decreased strength in the right wrist and positive snuffbox tenderness in both wrists with Phalen/Finklestein's findings. A request was made for bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist MRI with Flexion and Extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, MRI's

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

**Decision rationale:** According to the ACOEM guidelines, an MRI is optional for wrist complaints based on physical examination by a qualified specialist. According to the ODG guidelines an MRI is indicated if there are signs suggestive of significant pathology. In this case, the claimant had persistent and chronic wrist pain due to carpal tunnel. The right wrists had greater weakness than the left. The request for an MRI of the Left Wrist is not medically necessary.