

<b>Case Number:</b>	CM13-0067945		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 35-year-old female who reported a repetitive strain injury on 8/20/10. The current diagnosis is status post right wrist dorsal ganglion cystectomy. The injured worker was evaluated on 12/2/13. The injured worker has not participated in physical therapy. The injured worker reported triggering of the right 2nd finger and swelling of the right wrist. Physical examination revealed a healed dorsal incision, decreased swelling, normal range of motion, positive Tinel's and Phalen's testing, tenderness to palpation at the A1 pulley, a palpable mass, and positive triggering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI ARTHROGRAM, RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS/ACOEM guidelines state that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. There was no mention of an attempt at conservative treatment prior to the request for an imaginig study. The injured worker has not

participated in physical therapy. There were no significant physical examination findings related to the right wrist that would indicate the presence of a ligament injury. As such, the request is not medically necessary.