

<b>Case Number:</b>	CM14-0100178		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 an assembly worker with a date of injury of 2/6/14. He was injured when he was struck by a motor vehicle in the parking lot. He continues to complain of neck, low back and bilateral wrist pain. Treatment has included nonsteroidal anti-inflammatory medications analgesic medications and physical therapy. He is diagnosed with chronic bilateral wrist pain and tenosynovitis. The treating physician has requested MRI of the bilateral wrists without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Without Contrast Left Wrist:** Overturned

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

**MAXIMUS 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 and Hand, MRIs

**Decision rationale:** The MTUS notes that special diagnostic studies for wrist injuries would not be required until after 4-6 weeks of conservative treatment and observation. The ODG guidelines state that, while criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture

despite normal radiographs, MRI may prove useful. 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. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. Indications for imaging -- Magnetic resonance imaging (MRI): - Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) - Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbock'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. In this case the Utilization Review noted that the medical records did not document a specific mechanism of injury that would likely result in fracture and there was no documentation that any radiographs have been performed. Review of the current medical records does show that the mechanism of injury is described on page 23. He was hit as a pedestrian by a motor vehicle, thrown into the air and landed on his bilateral flexed wrists. With ongoing pain in both wrists since February 2014, following conservative treatment including nonsteroidal anti-inflammatory drugs and physical therapy, the utilization review decision is reversed. The request for MRI without contrast of the left wrist is consistent with the MTUS and ODG guidelines and is considered to be medically necessary.

**MRI Without Contrast Right Wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter 11, pages 268-269

**Decision rationale:** The ODG guidelines state that, while criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. 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. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required - Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal,

next procedure if immediate confirmation or exclusion of fracture is required - Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor - Chronic wrist pain, plain film normal or equivocal, suspect Kienbock'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. In this case the Utilization Review noted that the medical records did not document a specific mechanism of injury that would likely result in fracture and there was no documentation that any radiographs have been performed. Review of the current medical records does show that the mechanism of injury is described on page 23. He was hit as a pedestrian by a motor vehicle, thrown into the air and landed on his bilateral flexed wrists. With ongoing pain in both wrists since February 2014, following conservative treatment including nonsteroidal anti-inflammatory drugs and physical therapy, the utilization review decision is reversed. The request for MRI without contrast of the right wrist is consistent with the MTUS and ODG guidelines and is considered to be medically necessary.