

<b>Case Number:</b>	CM14-0174116		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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:

The injured worker is a 53 year old male with a date of injury on 6/16/2014. He is diagnosed with (A) left wrist scaphoid fracture and triangular fibrocartilage complex tear, per the magnetic resonance imaging scan dated 7/10/2014. (B) Left knee anterior cruciate ligament and medical collateral ligament tears, avulsion fracture of the medial and femoral condyle per the magnetic resonance imaging scan dated 6/28/2014; right knee sprain and strain with the magnetic resonance imaging scan dated 7/08/2014 revealing grade III or IV patellofemoral chondromalacia and intrasubstance degeneration of the posterior horn of the medial meniscus. The records dated 9/12/2014 documents that he presented constant pain in the left wrist, especially at nighttime, increased pain in the left wrist with movements, weakness of the left wrist, difficulties with forceful gripping and grasping and lifting of heavy objects with the left wrist/hand and weakness of the left arm. The left wrist examination noted positive Finkelstein test, positive left Piano Key sign, and subluxation, triangular fibrocartilage complex dorsal/palmar stress load, and compression test. The range of motion was limited in all planes. The strength was 4/5 in all planes. Per the most recent records dated 10/18/2014, the injured worker presented with a left wrist brace with no numbness and tingling to the fingers. He also presented to be wearing a left knee hinged brace with pain that was frequent with popping and clicking and felt loose and weak and limits standing to less than five minutes of the time. The right knee pain was also noted with frequent popping. The pain in the right hand involving the fourth to fifth metacarpal pain has improved. His mid pain has also improved. The left wrist examination noted slight swelling with tenderness over the snuff box and triangular fibrocartilage complex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) MRI Arthrogram of the left writ: Upheld**

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

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

**Decision rationale:** According to the Official Disability Guidelines, arthroscopy supersedes magnetic resonance arthrogram as it is both diagnostic and therapeutic in nature. A repeat magnetic resonance imaging procedure is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, however, the injured worker underwent a previous magnetic resonance imaging scan of the left wrist which revealed fractured scaphoid and triangular fibrocartilage tear. There has been no significant change in the injured worker's left wrist presentation. Also, since there is already confirmation that the injured worker has tears and scaphoid fracture it is mandatory that diagnostic arthroscopy should be done in order to provide both diagnostic and therapeutic effects. Additional expensive diagnostic imaging studies at this point will not provide any more benefits as the injury or source of pain is already pinpointed. Based on this reasons, the medical necessity of the requested magnetic resonance imaging arthrogram of the left wrist is not established.