

<b>Case Number:</b>	CM14-0032610		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Radiology 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 employee is a 25 year old fieldworker with a possible work related injury to her right wrist. A provider note from 09/04/13 documents a four month history of increasing right wrist pain, predominately at the dorsal aspect. A subsequent provider note from 09/18/13 documents findings from an interval MRI of the right wrist, including cysts in the lunate probably related to "repetitive impaction rather than Kienbock's disease." A right wrist arthroscopy was performed on 12/05/13 with partial synovectomy and lunate debridement. The condition of the right wrist continued to worsen following surgery as per a clinical note from 01/14/14, and an "updated, postoperative" MRI of the right wrist was requested to "determine the most appropriate treatment plan..." A recommendation for a physical therapy program was added to the treatment plan, according to a clinical note from 02/12/14. Physical therapy appears to have been initiated in April 2014, continuing at least thru May. A report from an MRI of the right wrist on 04/16/14 documents interval improved edema in the lunate compared to the previous MRI. Subsequent clinical reports, the most recent from 06/12/14, document continued decrease in right wrist pain attributed a combination of physical therapy and pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic resonance imaging) of the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand Chapter MRI.

**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, MRIs.

**Decision rationale:** According to the Official Disability Guidelines, both acute and chronic complaints of wrist (non-thumb) pain should initially be evaluated with x-rays. MRI is considered appropriate if there is continuing clinical concern following normal radiographs. Furthermore, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The employee suffered a likely work-related injury with subsequent surgery, without immediate improvement in symptoms. No post-operative x-ray report is documented in the provided medical records. Therefore, medical necessity is not established for the request of an MRI of the right wrist.