

<b>Case Number:</b>	CM14-0032640		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/17/2014
<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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 56-year-old female who was reportedly injured on August 6, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated June 23, 2014, indicated that there were ongoing complaints of right shoulder pain with numbness and tingling in the right arm. Current medications were stated to include ibuprofen. The physical examination demonstrated decreased right shoulder range of motion with pain and deltoid muscle weakness at 4/5. Examination of the right wrist noted a positive Watsons test with tenderness over the dorsal aspect. There was a positive Tinel's test and Phalen's test. Physical therapy for right shoulder range of motion and strengthening were recommended as well as an MRI of the right wrist. A request was made for an MRI of the right wrist with contrast and was not certified in the pre-authorization process on February 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(MRI) Magnetic Resonance Images Of The Right Wrist, With Intra-Articular Gadolinium**  
.: 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, & Hand (Acute & Chronic) 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 (Acute & Chronic), Magnetic Resonance Imaging.

**Decision rationale:** According to the medical records provided, the mechanism injury was unknown to have occurred to the shoulder or the wrist, and prior treatments had been provided for the wrist thus far. There were also conflicting physical examinations of the wrist. The medical records made it unclear what pathology was suspected to needing to order an MRI. For these reasons, this request for an MRI of the wrist with intra-articular gadolinium is not medically necessary.