

<b>Case Number:</b>	CM14-0047652		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Orthopedic Surgery, and is licensed to practice in Oregon. 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:

This is a 47-year-old female who was injured in a slip and fall on 11/2/12. On 2/20/13, she developed pain in the right thumb while firing her gun. She now has pain in her right thumb. She also has dorsal central wrist pain. She has been diagnosed with DeQuervain's tenosynovitis. X-rays show ulnar negative variance. MRI did not show a ligament injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist Arthrogram (3) compartment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, MRI's (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forear, Wrist and Hand Radiography

**Decision rationale:** The MTUS does not address the indications for arthrogram. According to the Official Disability Guidelines (ODG), "Thus, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as an expanded series of special views or fluoroscopic spot films; or may include

tomography, arthrography, bone scintigraphy, computed tomography (CT), or magnetic resonance (MR) imaging." In this case, MRI has not allowed accurate evaluation of the wrist ligamentous anatomy. Per the ODG, arthrogram is medically necessary.