

<b>Case Number:</b>	CM14-0074503		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 3/1/10 date of injury and right wrist surgery (undated). At the time (3/6/14) of request for authorization for MRI of the right wrist, there is documentation of subjective (ongoing right wrist pain with tingling into the hand and radial and ulnar digits, pain in the region of the pisiform on the right side, and difficulty sleeping due to pain) and objective (resolved right wrist/hand swelling, inflammation and allodynia; tenderness to palpation over the right pisiform, positive right pisotriquetral grind test, positive Phalen's and Durkan's tests of the right wrist/hand, and elbow flexion causing increased tingling into the hands globally) findings, imaging findings (X-rays of the right wrist (undated) revealed a history of ulnar shortening; reported MRI of the right wrist (11/26/12) revealed volar radioulnar ligament tear with mild subluxation at the volar distal radioulnar joint and fluid in the joint space; edema of the distal ulna with tear at the ulna attachment of the TFCC and new irregularity of the mid portion; widening of the scapholunate distance with tear of the scapholunate ligament; and degenerative changes of the carpal bones and the first carpometacarpal articulation; report not available for review), current diagnoses (right wrist pain), and treatment to date (medication, home exercise, and injections). In addition, medical report identifies a request for MRI of the right wrist to determine arthritic changes at the pisotriquetral joint or flexor carpi ulnaris tendinopathy. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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 (ODG) Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Within the medical information available for review, there is documentation of a diagnosis of right wrist pain. In addition, there is documentation of a previous right wrist MRI performed on 11/26/12. However, despite documentation of subjective and objective findings; and a rationale for MRI of the right wrist to determine arthritic changes at the pisotriquetral joint or flexor carpi ulnaris tendinopathy, and given documentation of previous imaging (MRI) identifying degenerative changes of the carpal bones and significant tendinopathy, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right wrist is not medically necessary.