

<b>Case Number:</b>	CM14-0207686		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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:

Injured worker is a male with date of injury 9/9/2011. Per orthopedic progress note dated 11/5/2014, the injured worker reports that his wrist pain persists. He reports the cortisone injection did improve his symptoms by about 20%. On examination there is excellent range of motion. He is neurovascularly intact. He has focal tenderness over the radial aspect of the wrist. He is otherwise neurovascularly intact to motor and sensory examination. Diagnosis is wrist pain, etiology unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272.

**Decision rationale:** The MTUS Guidelines do not recommend the use of MRI as a routine evaluation tool for wrist injuries as most recover quickly and can be diagnosed without imaging. In the absence of red flags, conservative therapy should be utilized for 6-8 weeks prior to

imaging or special tests are considered. The ODG recommends MRI for the wrist for the following conditions: 1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required 2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required 3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) 4) Chronic wrist pain, plain films normal, suspect soft tissue tumor 5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease 6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has a chronic injury that occurred over three years ago. The medical reports indicate that he has had physical therapy, cortisone injection, nerve block and EMG study (results not reported) done. There are no positive exam findings other than focal tenderness over the radial aspect of the wrist. There are no x-rays or other imaging reported. There is no acute trauma reported. Without a normal plain film, medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for MRI of the left wrist is determined to not be medically necessary.