

<b>Case Number:</b>	CM14-0092562		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 03/27/2012. She has reported subsequent shoulder and wrist pain and was diagnosed with upper extremity overuse syndrome, lumbar disc disease, wrist/hand sprain, shoulder tendinitis and osteoarthritis of the hand. Treatment to date has included oral pain medication, cortisone injections, application of heat and ice, bracing, physical therapy and chiropractic therapy. In a progress note dated 05/30/2014, the injured worker complained of persistent pain in the left thumb and wrist with difficulty with pinching and grasping. Objective physical examination findings were notable for pain with CMC grind and a mild click, pain in the snuff box and the dorsal radial aspect of the wrist and mild impingement of the left shoulder. The physician noted that an MRI arthrogram of the left wrist was being ordered to further evaluate for an intercarpal ligament injury. A request for authorization was made. On 06/13/2014, Utilization Review non-certified a request for MRI arthrogram of the left wrist, noting that there were no red flags supporting the need for the study. MTUS, ACOEM and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Arthrogram 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-Forearm, Wrist and Hand Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-270.

**Decision rationale:** The ACOEM chapter on forearm, wrist and hand complaints section on special diagnostic studies states the following provides a general comparison of the abilities of different imaging techniques to identify physiologic insult and define anatomic defects: MRI is not recommended for all acute, sub acute and chronic hand, wrist and forearm disorders. Recommendation is positive if suspicion of fracture not detectable by routine radiograph. The patient has not failed conservative measures. The need for imaging studies has not been established per guideline criteria. Therefore the request is not certified.