Case Number:	CM15-0105438		
Date Assigned:	06/09/2015	**Date of Injury:**	11/21/2012
Decision Date:	07/21/2015	**UR Denial Date:**	05/21/2015
Priority:	Standard	**Application Received:**	06/01/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 54 year old male who sustained an industrial injury on 11/21/2012. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as status post right wrist fracture with hardware removal; status post right wrist open reduction internal fixation; De Quervain's tenosynovitis, posttraumatic; post traumatic Dupuytren contracture. Treatment to date has included medications, surgery, physical therapy, and occupational therapy. Currently, the injured worker complains of right hand/wrist pain that is a 5 on a scale of 10. The right wrist is overly sensitive and the worker is concerned about a decline in tolerance to a variety of activity. On exam, there is noted to be hyperalgesia hyperexthesia from 5 cm proximal to wrist, distally. Jamar right is 5,10,5. Jamar left is 20, 25, and 20. The right distal upper extremity is slightly cooler than the left. Distal pulses are symmetric. Medications include Hydrocodone, Tramadol ER, Naproxen, and pantoprazole. The treatment plan is to obtain diagnostic electromyography/nerve conduction velocity on the upper extremities to rule out early sympathetically maintained pain syndrome in the upper extremity compression neuropathy. A MRI is requested to rule out tendinopathy / ligamatous pathology including but not limited to TFCC (triangular fibrocartilage complex) tear, and continue medications. A request for authorization is made for a MRI of right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268 and 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, 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) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in November 2012 including a right wrist fracture treated with ORIF and subsequent hardware removal. Diagnoses also include DeQuervain's tenosynovitis and Dupuytren contracture. When seen, he was having ongoing hand and wrist pain rated at 5/10. There was decreased grip strength. There was tenderness over the triangular fibrocartilage complex. Authorization for an MRI was requested. Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFCC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. In this case, the claimant has a history of trauma with the above multiple diagnoses and a decline in activity tolerance. A TFCC injury is suspected. The MRI of the wrist was medically necessary.