

<b>Case Number:</b>	CM15-0149379		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old female, who sustained an industrial injury on 9-17-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having pain in the hand-joint, right Triangular fibrocartilage complex tear, right DeQuervain's tenosynovitis and long term use of medications. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-10-2015, the injured worker complains of worsening right hand and wrist pain. Physical examination showed right wrist tenderness. The treating physician is requesting magnetic resonance imaging of the right hand and wrist and surgical consultation for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, right hand & right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines, Forearm, Wrist & Hand.

**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. In this case, the injured worker had a previous MRI of the right wrist (2012) that revealed a deQuervain's Tenosynovitis. There have been no documented interval changes since that MRI that would require a repeat MRI. The request for MRI, right hand & right wrist is determined to not be medically necessary.