

<b>Case Number:</b>	CM15-0162491		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Emergency 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 31-year-old female who sustained an industrial injury on 1-9-2015. She tripped and fell landing on the concrete floor. She has reported injury to the left wrist, left knee, and right knee and has been diagnosed with right knee strain, rule out meniscal tear and left wrist strain, and rule out triangular fibrocartilage complex tear. Treatment has included medical imaging, medications, physical therapy, shockwave therapy, and bracing. There was decreased range of motion to the left wrist. Palpation of the dorsal carpal muscles revealed tenderness. Palpation of the medial joint line revealed tenderness. McMurray's and patellofemoral grind tests were positive. The treatment plan included bracing, MRI of the left wrist and right knee, and a urine toxicology screen. The treatment request included a MRI of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 268-269.

**Decision rationale:** As per ACOEM guidelines, indications for wrist imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. MRI may be beneficial in diagnosing triangular fibrocartilagenous complex injury. However, provider has not provided any exam findings consistent with such an injury except for generalized weakness. The lack of objective physical findings does not support request or rationale for MRI. MRI of wrist is not medically necessary.