

<b>Case Number:</b>	CM15-0198471		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/13/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, New York, 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 applicant is a 37-year-old who has filed a claim for wrist pain reportedly associated with an industrial injury of June 13, 2015. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve requests for MRI imaging of the wrist with intra-articular contrast and immobilization via a wrist splint. The claims administrator referenced a September 23, 2015 office visit in its determination. On September 23, 2015, the applicant reported ongoing complaints of hand and wrist pain. The applicant reported paresthesias about all digits of the hand. Some radiation of pain from the arm to the shoulder was also reported. The applicant stated that her pain and paresthesias were waking her up at night. The applicant was on Motrin for pain relief, the treating provider reported. The applicant exhibited positive Tinel sign at the right wrist with pain-limited wrist range of motion appreciated. The applicant was given a diagnosis of possible carpal tunnel syndrome versus possible ligamentous injury or instability. The requesting provider, an orthopedic surgeon, endorsed MRI imaging of the wrist to evaluate for possible ligamentous pathology. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant was also asked to employ a wrist splint on an as-needed basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI with intra-articular contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 713, MR Arthrography.

**Decision rationale:** MR arthrography is recommended for patients without improvement in wrist sprains after approximately 6 weeks of treatment. There are no quality studies evaluating x-rays for wrist sprains. Mild wrist sprain may not necessitate x-rays. There is no evidence other studies are helpful in the acute setting (see discussion of scaphoid fractures for other studies in the presence of ongoing, non-resolving pain.) However, x-rays may assist in diagnosing and treating the condition and thus are recommended. There also are no quality studies evaluating MR arthrography. However, MR arthrograms are helpful to particularly identify ligamentous issues such as scapholunate, lunotriquetral, and TFCC tears that may be diagnosed as simple sprains. Thus, MR arthrography is recommended after approximately 6 weeks of clinical management. Yes, the request for MR arthrography of the wrist (AKA MRI with intra-articular contrast) was medically necessary, medically appropriate, and indicated here. The requesting provider, an orthopedic surgeon, stated on September 23, 2015 that he suspected a ligamentous injury and/or intercarpal insult. The applicant exhibited swelling and pain-limited range of motion about the wrist on the day of the request, September 23, 2015. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does note that MRI imaging of the wrist is deemed "optional" prior to history and physical examination by qualified specialist, here, however, the request was initiated by a hand surgeon, i.e., a qualified specialist who stated that he suspected internal derangement and/or an intercarpal insult involving the wrist. Moving forward with the MR arthrography in question was indicated to delineate the extent of suspected internal derangement involving the wrist, particularly in light of the fact that the Third Edition ACOEM Guidelines note that MR arthrography is recommended for applicants with wrist pain who failed to improve after approximately 6 weeks of treatment. Here, the request was initiated on September 23, 2015, i.e., some 12 weeks removed from the date of injury. Moving forward with the MRI with intra-articular contrast (AKA MR arthrogram) was, thus, indicated and was in-line with both the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 and with the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Disorders Chapter. Therefore, the request was medically necessary.

**One wrist splint for immobilization:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for one wrist splint was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is recommended as a first-line conservative treatment for applicants who carry a diagnosis of carpal tunnel syndrome, i.e., one of the operating considerations here. The usage of a wrist splint was, thus, indicated on an as-needed basis as of the date in question, September 23, 2015. Therefore, the request was medically necessary.