

<b>Case Number:</b>	CM15-0206597		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/28/2015
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New York, West Virginia, Pennsylvania  
 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 29 year old female, who sustained an industrial injury on 8-28-2015. Medical records indicate the worker is undergoing treatment for right hand-wrist sprain-strain. A recent progress report dated 8-29-2015, reported the injured worker complained of right wrist pain with motion. Physical examination revealed right wrist tenderness with no crepitation. Right wrist x rays were within normal limits. Treatment to date has included physical therapy and medication management. The physician is requesting right wrist magnetic resonance imaging. On 9-17-2015, the Utilization Review noncertified the request for right wrist magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right wrist without contrast, outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI, wrist.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Wrist.

**Decision rationale:** Guidelines recommend MRI wrist if there is a high clinical suspicion of a fracture despite normal radiographs. In this case, there is no documentation of xray findings. Thus, the request for MRI wrist is not medically appropriate and necessary.