

<b>Case Number:</b>	CM15-0030113		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 51-year-old male who sustained an industrial injury on 8/28/14. The injured worker reported symptoms in the bilateral upper extremities and right lower extremity. The diagnoses included rule out triangular fibrocartilage complex tear. Treatments to date include status post-surgical repair of calcaneus fracture on 9/2/14, physical therapy, Occupational Therapy, oral pain medication, wrist splint, home exercise program, crutches, Pneumatic Equalizer boot, and activity modification. In a progress note dated 11/24/14 the treating provider reports the injured worker was with right lower extremity pain "described as constant aching, sharp and rates it as 7/10...increased swelling." On 1/14/15 Utilization Review non-certified the request for magnetic resonance imaging of left wrist. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Online Edition, Forearm, Wrist, and Hand Chapter (Acute & Chronic), MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability guidelines hands/wrists chapter, MRI.

**Decision rationale:** The patient presents with left wrist and hand tenderness and stiffness the patient is status post triquetral avulsion fracture of the left wrist with repair of laceration dorsum on 8/28/14. The current request is for MRI left wrist. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations, "for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6-week period of conservative and observation." For MRI of the hands/wrists, ODG Guidelines recommends magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. In this case, the patient presents with tenderness and stiffness following surgery and there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbock's disease to warrant an MRI of the wrists. This request is not medically necessary.