

<b>Case Number:</b>	CM15-0045288		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 56-year-old female, who sustained an industrial injury on 05/26/2010. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/23/2015 the injured worker has reported pain in left forearm/wrist. The diagnoses have included left wrist pain, ulnar radiocarpal with TFCC ulnar tear, and chronic, ulnar impingement syndrome with combined lunate and scaphoid bone cyst. Treatment to date has included brace, physical therapy, left wrist MRI on 04/18/2013, x-rays, medications, and steroid injection. On examination, she was noted as left wrist with tenderness on palpation, mild swelling and no open wounds, no lesions or no erythema was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for imaging - Magnetic resonance imaging (MRI).

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

**Decision rationale:** Guidelines recommend MRI hand or wrist for acute hand and wrist trauma in which fractures and injuries are suspect. Repeat MRI may be appropriate if there has been an acute change in clinical examination or red flag symptoms/signs. In this case, clinical documents do not indicate any acute clinical change since the previous MRI and there is no documentation of any red flag symptoms. Thus, the request for MRI wrist is not medically necessary.