

<b>Case Number:</b>	CM15-0047620		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Hawaii  
 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 31-year-old female, who sustained an industrial injury on March 4, 2013. She has reported bilateral wrist pain and right shoulder pain. Diagnoses have included right carpal tunnel syndrome, right wrist tear. Treatment to date has included medications, physical therapy, wrist surgery, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of left wrist pain, increasing right wrist pain with locking, and increasing right shoulder pain. The treating physician documented a plan of care that included MR arthrogram of the right wrist, review of left wrist with doctor to determine treatment, medications, and follow up in four to five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arhogram Right Wrist:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Wrist Chapter, Arthrography.

**Decision rationale:** The patient has bilateral wrist pain. The current request is for MR Arthrogram of the right wrist. According to the ODG, direct MRI arthrographic imaging is well suited for detecting intraarticular lesions of the wrist. The presented diagnostic results of MR arthrography are superior to the results of unenhanced MRI reported in the literature. Direct MR arthrography as a reliable diagnostic tool is strongly recommended if lesions of the scapholunate ligament and the triangular fibrocartilage complex are suspected. In contrast, an attitude of caution must be adopted in diagnosing lesions of the articular cartilage of the wrist. In this case, the patient presents with history of right wrist locking while folding clothes. Tenderness is noted at the ulnar aspect. ROM in the wrist and fingers is adequate. The patient has been diagnosed with mild right CTS and suspicion of right wrist tear of the triangular fibrocartilage complex (TFCC). The current documentation establishes that this is medically necessary.