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| <b>Case Number:</b>   | CM13-0037519 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 06/12/2012 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 09/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in plastic and hand surgery and is licensed to practice in Oregon. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old female with a two-year history of bilateral hand and wrist pain. She has positive Finkelstein and Phalen's tests. She has paresthesias and decreased sensation in the C6-C7 distribution. X-rays show narrowing of the radiocarpal and scapholunate joints. A steroid injection has not improved her symptoms. Her surgeon recommends an MRI of the right wrist to evaluate for internal degravements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) right wrist without intra-articular contrast:** Upheld

**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 Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI's

**Decision rationale:** MRI is not medically necessary. The ACOEM and MTUS guidelines do not address the indications for MRI of the wrist. According to the ODG guidelines, MRI is "Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical

suspicion of a fracture despite normal radiographs, MRI may prove useful. Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. For inflammatory arthritis, high-resolution in-office MRI with an average followup of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. See also Indications for imaging -- Magnetic resonance imaging (MRI): - Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required - Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required - Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) - Chronic wrist pain, plain films normal, suspect soft tissue tumor - Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. These guidelines are not met. The patient does not have acute hand or wrist trauma. She does have chronic wrist pain, but the plain films are not normal. The plain films show narrowing of the radiocarpal and scapholunate joints. The records do not document a concern regarding possible Kienbock's disease.