

<b>Case Number:</b>	CM14-0145235		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/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:

The claimant is a 50-year-old female who injured her right wrist and hand on 11/13/13. The medical records provided for review included the progress report of 07/24/14 documenting continued complaints of pain in the wrist with burning type discomfort, worse at the end of the workday. Physical examination showed tenderness over the ulnar side of the right wrist to palpation with reduced grip strength. Reviewed at that time was a previous arthrogram of the wrist from 03/20/14 that showed a full thickness perforation in the central articular disc of the TFCC. There is no documentation of previous surgery or change in claimant's symptoms since the previous MRI. This request is for a repeat MR arthrogram of the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI- Right wrist with arthrogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - MRI's (magnetic resonance imaging)

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for repeat MR arthrogram of the wrist cannot be supported. The medical records document that the claimant has continued complaints of pain in the wrist but there is no documentation that there has been a change in symptoms since the time of the previous MRI that was performed in March of 2014 that showed evidence of TFCC tear. This individual's diagnosis appears well established, and the request for repeat MRI- Right Wrist With Arthrogram is not medically necessary.