

<b>Case Number:</b>	CM15-0116302		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 38 year old man sustained an industrial injury on 10/23/2013. The mechanism of injury is not detailed. Treatment has included oral medications and surgical intervention. Physician notes from the hand surgeon dated 5/12/2015 show complaints of diffuse non-focal left wrist pain. Recommendations include a repeat left wrist MRI, ice, anti-inflammatory medications, and wrist splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI Left Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand-MRI, Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the guidelines, an MRI is optional after a history and physical are performed by a specialist. The claimant had a prior MRI, which indicated degenerative ulnar sided TFCC tear noted in January 2015. An orthopedic surgeon requested arthroscopy

and another MRI in May 2015. The repeat MRI did show that same. In this case, although, the MRI was requested from a specialist, the claimant had an MRI a few months prior. The MRI is considered optional by the guidelines and not medically necessary.