

<b>Case Number:</b>	CM15-0119440		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina

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:

The injured worker is a 22-year-old female, who sustained an industrial injury on 07/05/2014. On provider visit dated 05/28/2015 the injured worker has reported right shoulder pain and right wrist pain that is associated with numbness and tingling. On examination of the right wrist revealed tenderness mid carpus and a full range of motion. The diagnoses have included post traumatic impingement/chronic cuff tendinitis/bursitis, right shoulder, possible SLAP tear, right shoulder and rule scaphoid lunate ligament tear, right wrist. Treatment to date has included medication, physical therapy and steroid injections. The provider requested MRI without contrast of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist/ hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. Therefore, criteria set forth by the ACOEM for hand MRI have not been met and the request is not medically necessary.