

<b>Case Number:</b>	CM15-0127786		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 (IW) is a 62-year-old male who sustained an industrial injury on 02/20/2014. Diagnoses include left wrist sprain/strain and left hand tenosynovitis. Treatment to date has included medications, shockwave therapy, bracing and acupuncture. According to the progress notes dated 3/9/15, the IW reported pain in the left wrist with associated grip weakness. Repetitive gripping/grasping aggravated the pain. A wrist brace was worn for support. On examination, there was tenderness at the lateral and medial left wrist and along the palmar aspect of the left hand. Tinel's, Phalen's and Finkelstein's tests were positive. MRI of the left wrist on 3/28/14 showed multiple subchondral cysts at the level of the lunate, navicular and triquetrium without evidence of degenerative changes of the carpal bones or carpometacarpal joints. MRI of the left wrist on 12/11/14 showed possible tenosynovitis, subchondral bone cysts in the capitate and triquetrium and intercarpal joint effusion between the scaphoid and the trapezium and pisiform and triquetrium. A request was made for retrospective review for an MRI of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Left Wrist, (retrospective DOS unclear): 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 Official Disability Guidelines (ODG) MRI forearm wrist and hand.

**Decision rationale:** The patient is a 62 year old male who had previously sustained a left wrist sprain/strain and had been undergoing conservative management with bracing, medication management, activity modification, acupuncture and shockwave therapy. An MRI from 3/28/14 had only noted multiple subchondral cysts. With progression of his pain and an effect on hand function, an additional MRI had been requested. Based on the progression of his symptoms and with non-resolution of his symptoms despite comprehensive conservative management and negative plain radiographs, it is medically necessary to further evaluate his chronic left wrist pain with MRI study. Therefore, this should be considered medically necessary. The UR had stated that the patient had had an MRI approximately 9 months prior. However, as reasoned above, the patient's status had worsened despite conservative care. Thus, further radiographic study is indicated. From ODG, Forearm, Wrist and Hand, MRI: 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. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow up 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. (Chen, 2006) See also Radiography. Specific indication: - 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. (Mays, 2008) Even though repeat MRI is not routinely recommended, there had been a significant change in symptoms, thus warranting the study. The request is medically necessary.