

<b>Case Number:</b>	CM15-0128524		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/03/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial injury on 1/28/14. He reported injury to his right wrist after pulling a heavy object. The injured worker was diagnosed as having right wrist and hand complex regional pain syndrome and status post right wrist surgery. Treatment to date has included a right wrist arthroscopy on 11/14/14, post-op physical therapy, a right hand x-ray on 5/19/15 showing osteopenia and an MRI arthrogram of right wrist on 6/12/14. On 4/24/15 the injured worker rated his pain a 7/10 in the right wrist. He is taking Neurontin and Ultram for pain relief. As of the PR2 dated 5/26/15, the injured worker reports right wrist pain. Objective findings include moderate tenderness to palpation in the dorsal-ulnar aspect of the right wrist and no crepitus. The treating physician requested an MRI arthrogram of right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram of right wrist:** 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) Forearm, Wrist, & Hand (Acute & Chronic), Radiography.

**Decision rationale:** The claimant sustained a work-related injury in January 2014 and underwent right wrist arthroscopic surgery in November 2014 for a triangular fibrocartilage tear. He continues to be treated for right wrist pain. When seen, he had chronic ulnar sided right wrist pain with burning. There was full range of motion with decreased grip strength. The claimant has not has post-operative imaging. Arthrography is considered the reference for the diagnosis of intrinsic ligament and cartilaginous lesions, however, an MRI can sometimes be sufficient. In this case, however, there are no physical examination findings that support the need to obtain an MR arthrogram. There are no findings of instability or positive ligament or cartilage stress testing. The request was not medically necessary.