

<b>Case Number:</b>	CM15-0077792		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on 5/19/2014. He reported falling from a truck and injuring his right knee and hand. The injured worker was diagnosed as having left wrist intersection syndrome, right knee medial and lateral menisci tear, right knee medial compartment/lateral tibial plateau chondromalacia, and left knee pain with underlying mild arthritic changes. Treatment to date has included medications, and surgery of right knee. The request is for magnetic resonance imaging of the left wrist. On 8/26/2014, he complained of right knee pain. On 9/23/2014, he complained of right knee pain. On 1/9/2015, he complained of right knee pain. On 1/19/2015, he complained of continued right knee pain after surgery. On 2/24/2015, he complained of right knee pain, and increasing pain to the left wrist, and left knee. The records indicate x-rays of the left wrist to be unremarkable. The treatment plan includes magnetic resonance imaging 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 Left Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, Hand (Acute & Chronic) chapter, MRI's (Magnetic Resonance Imaging).

**Decision rationale:** The patient was injured on 05/19/14 and presents with pain in his left wrist, left knee, and right knee. The request is for a MRI OF THE LEFT WRIST due to increasing pain in his left wrist. There is no RFA provided and the patient is on temporary partial disability. There is no indication of any prior MRI of the left wrist the patient may have had. He did have an x-ray of the left wrist, which was unremarkable. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging)', state "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." The criteria, according to the guidelines include: (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor; (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease; (6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient is diagnosed with left wrist intersection syndrome, right knee medial and lateral menisci tear, right knee medial compartment/lateral tibial plateau chondromalacia, and left knee pain with underlying mild arthritic changes. Regarding the left wrist, the patient has tenderness over the intersection region, minimal tenderness over the 1stdorsal compartment, and slight tenderness over the distal radius and carpal joints. Review of the reports provided does not indicate if the patient had a prior MRI of the left wrist. Given the treater's concern for intersection syndrome, and first dorsal compartment tenderness along with suspicion for ligament injury, the requested MRI IS medically necessary.