

<b>Case Number:</b>	CM15-0097973		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: 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 57-year-old male, who sustained an industrial injury on November 19, 2013. The injured worker reported re injury of right wrist pain due to heavy lifting. The injured worker was diagnosed as having osteoarthritis of hand and wrist strain/sprain. Treatment to date has included splinting, magnetic resonance imaging (MRI), electromyogram, physical therapy and injection. A progress note dated April 17, 2015 the injured worker complains of right wrist pain with numbness and tingling with weakness and instability. Physical exam notes tenderness with painful range of motion (ROM), positive scaphoid shift testing and loud clunk with subluxation palmarly. X-rays revealed degenerative changes of the ulnar joint. The assessment is scapholunate injury with midcarpal instability. The plan includes updated magnetic resonance imaging (MRI) and possible surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the right 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 and hand (acute and chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hand/Wrist/Forearm Section: MRI.

**Decision rationale:** The MTUS/ACOEM Guidelines do not comment on the need for a repeat MRI study. However, the Official Disability Guidelines do comment on this matter. These guidelines state the following: Indications for imaging Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). 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. In this case, the patient had an MRI of the wrist on 3/25/2014. There is no evidence in the records that the patient's symptoms or examination findings have changed substantively since the last MRI was completed. The patient was authorized for a second opinion and wrist arthroscopy. There is no evidence provided that the radiologist who read the 3/25/2014 wrist MRI did not have sufficient expertise in reviewing these images. Further, there is no evidence provided that a repeat image would result in a change in the treatment plan for this patient. It is unclear whether the orthopedic surgeon who provided the second opinion had access to review these prior MRI images. For these reasons, a repeat MRI of the right wrist is not medically necessary.