MAXIMUS Federal Services

Case Number:	CM13-0036705		
Date Assigned:	12/13/2013	Date of Injury:	02/17/2010
Decision Date:	05/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old male, right hand dominant, with a date of injury of Feb 17, 2010. Patient underwent an evaluation for bilateral wrist and hand pain on May 30, 2013 in which it was identified that his mechanism of injury was custodial work (stacking chairs) when he heard a 'pop' in his right hand with sharp pain into the right hand / thumb with gradual pain radiation to palmar region of his hand and fingers. At the time of evaluation, patient reports moderate to severe pain in his bilateral hands (7-8/10 on 1-10 pain scale) and severe pain in bilateral wrists (8-9/10 on 1-10 pain scale). The patient reported inability to perform activities of daily living (wash dishes, drive, yard work), lift, carry / push / pull objects because of pain, pain radiation to the hands, forearms and biceps, as well as pain radiation to his arms, shoulder with associated numbness, tingling, throbbing and aching pain with weakness. Status post carpal tunnel, trigger finger release right wrist and cyst removal long finger, date of procedure on June 9, 2011, left wrist carpal tunnel release, flexor tenosynovectomy, decompression arterial arch (palmer arch), neurolysis Medicina nerve w/ use of 3.5 X power lenses, tenolysis of flexor tendon, fasciotomy distal antebrachial fascia and exploration with epineurolysis median nerve Nov 18, 2013. Obtained improvement in subjective complaint of numbness and tingling of hand's following subsequent procedures. Right wrist MRI w/o contrast ordered Sept 27, 2013, obtained on Oct 18, 2013 with finding of joint effusion right radial carpal space and diffuse increased signal in region of right opponens muscle likely from muscle strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation American College of Radiology Musculoskeletal Imaging Criteria for Chronic Wrist Pain

Decision rationale: The MTUS/ACOEM guidelines state that MRI's is optional for all acute, sub-acute and chronic hand, wrist, and forearm disorders. The American College of Radiology Musculoskeletal Imaging Criteria for Chronic Wrist Pain states "Magnetic resonance imaging (MRI) of the wrist accurately depicts abnormalities of the bones and bone marrow, articular cartilage, intrinsic and extrinsic ligaments, TFCC, synovium, tendons, and neurovascular structures, making MRI a powerful study for chronic pain caused by diverse etiologies." Based on the medical records provided there was physical examination and the treating physician noted "there are no changes in the physical examination when compared to the most recent exam on May 30, 2013 regarding both wrists and hands." However, no documented physical examination finding is annotated in the medical record provided for this review on the date of exam (May 30, 2013). The lack of physical examination evidence supporting the necessity for an imaging study negates the current request. The request for a Left wrist MRI is not medically necessary and appropriate.