

Case Number:	CM13-0039749		
Date Assigned:	12/20/2013	Date of Injury:	08/12/2011
Decision Date:	01/31/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiovascular Medicine and is licensed to practice in Texas. 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 physician 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 25-year-old female who reported a work-related injury as a result of repetitive motion on 08/12/2011. Subsequently, the patient presents for treatment of bilateral hand/wrist complaints. The patient underwent an MRI study of the right wrist on 10/18/2012, signed by ■■■■■, which revealed a minimal 2 mm negative ulnar variance, small ganglion cyst along the dorsal aspect of the wrist near the intercarpal ligament located deep to the extensor digitorum tendon. The clinical note dated 09/06/2013 reports the patient was seen for follow-up under the care of ■■■■■. The provider documents the patient continues with pain about the volar aspect of the right wrist, the patient denies numbness or tingling to the right hand, and the patient had no substantial change in her symptomatology. The patient has begun utilizing some over-the-counter vitamins, which she finds are somewhat helpful in reducing her pain. The patient was administered diclofenac, which the patient had not started yet. The provider documented upon physical exam of the right wrist there was persistent tenderness to palpation over the right wrist flexor carpi ulnaris with reproduction of wrist pain on volar flexion of the wrist. There was a brisk radial pulse, negative Tinel's over the median nerve of the right wrist and negative Phalen's. There was a negative median nerve compression test over 20 seconds' duration and there was no thenar atrophy. Grip strength was judged to be 5/5. The provider documented the patient presents with right wrist flexor carpi ulnaris tendinitis. No clinical signs of carpal tunnel syndrome were noted. The provider documents the request for MRI of the patient's wrist to assess for inflammation around the flexor carpi ulnaris region as the patient's previous MRI reports made no mention of this pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Chronic Pain Guidelines. Decision based on Non-MTUS Citation ODG hand/wrist

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 and Hand Chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient continues to present with right wrist pain complaints after reporting a repetitive work-related injury on 08/12/2011. The patient had undergone an MRI of the right wrist on 10/18/2012, which revealed no significant pathology other than a ganglion cyst along the dorsal aspect of the wrist, about which clinical significance was noted to be doubtful. The current request is for another MRI of the patient's right wrist due to continued subjective complaints of symptomatology. However, California MTUS/ACOEM does not address repeat imaging studies of the wrist. Therefore, the Official Disability Guidelines were referenced, which indicate repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical notes did not evidence that the patient presented with a significant change in her symptoms and/or findings of significant pathology. Given all the above, the request for Right wrist MRI is neither medically necessary nor appropriate.