

Case Number:	CM13-0043090		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2012
Decision Date:	02/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 54-year-old female with date of injury on 01/11/2012. The progress report dated 09/03/2013 by [REDACTED] indicates that the patient's diagnoses include: carpal tunnel syndrome, trigger finger, local osteoarthritis, unspecified hand, joint pain, hand, joint pain, and forearm. The patient continues with complaints of pain, stiffness, and swelling of the right thumb, index, long, and ring fingers. The patient reports that the right hand trigger finger symptoms are severely compromising her hand function. After having previously undergone surgery of the right wrist in 2012 the patient reports complete resolution of numbness and tingling of the median nerve distribution in the right hand after surgery. Exam findings indicate the patient has tenderness over the right thumb, index, long, and ring fingers. The patient has intact flexors, extensors, and intrinsic function. The patient also complains of severe right wrist pain, exacerbated with any heavy strenuous use of the hand. Exam findings indicated axial compression, radial and ulnar deviation of the wrist, worst than the pain, as well as the resisted pronation and supination of the forearm, although there is no evidence of instability. The patient declined the trial of corticosteroid injection. She also declined the surgery as an option. [REDACTED] recommended that the patient use the night finger extension splint and over-the-counter anti-inflammatory medications as needed. Due to the worsening right wrist pain, it was recommended that the patient undergo a right wrist MRI, along with a follow-up appointment after the study to review the results and further discuss treatment options. The utilization review letter dated 09/18/2013 indicates that the patient underwent right carpal tunnel release and cubital tunnel release on 10/20/2012. The patient had completed 24 authorized post-operative physical therapy sessions. She also completed 12 acupuncture visits. The patient continues to work full d

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist with contrast qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand Chapter MRI's (magnetic resonance imaging)

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, MRI.

Decision rationale: The medical records indicate the patient underwent a right carpal tunnel release surgery and cubital tunnel release on 10/20/2012. The progress report dated 09/03/2013 by [REDACTED] indicates that the patient reported completed resolution of numbness and tingling of the right hand median nerve distribution after surgery. The patient continues to complain of severe right wrist pain, exacerbated with any heavy strenuous use of the hand. She does not recall specific trauma or injury. Physical exam showed pain with axial compression, radial and ulnar deviation of the wrist as well as pain with resisted pronation and supination of the forearm. The patient declined trial of corticosteroid injection and also declined the surgery as an option. The progress report dated 09/13/2013 indicates that she also rated her wrist pain between a 5/10 and 6/10. Patient reported improvement in pain with rest and medication, and worsens with overuse. The patient was taking naproxen for pain; however, this was not that helpful. Prior MRI findings from 2012 which showed persistent longitudinal split tear involving the extensor carpi ulnaris tendon. There was a new 1-cm area of subchondral signal alteration involving the volar aspect of the lunate, possibly reflecting a subchondral cyst. MTUS Guidelines are silent in regards to MRI recommendations for the wrist. Therefore, ODG Guidelines were reviewed. ODG Guidelines state that repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The patient is continuing with right wrist pain however, she has declined treatment options including injection or further surgery. The requested repeat MRI of the right wrist does not appear to be reasonable at this time. The records did not appear to indicate findings suggestive of significant pathology. Therefore, recommendation is for denial.