

Case Number:	CM13-0046040		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2010
Decision Date:	03/07/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine 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 24 YO female with a date of injury of 10/20/2010. Diagnosis includes, status post ganglionectomy, January 2013; recurrent ganglion cyst; and left wrist rule out De Quervain's Tenosynovitis right. According to report dated 09/13/2013 by [REDACTED], patient presents with complaints of returning left hand cyst and right wrist/hand pain in the radial aspect. Objective findings show palpable cyst on left wrist, positive Finkelstein's on the right, and "Jamar both right and left markedly limited." The treating provider requests a MRI of the left wrist to assess recurrent ganglion cyst and MRI of the right wrist to rule out Quervain's Tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Overturned

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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: ACOEM guidelines chapter 11 pg. 268-269 has the following regarding special studies and diagnostic and treatment considerations: "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation." For MRI of the wrist, Official Disability Guidelines (ODG) states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis." In this case, the treating provider describes well over 6 months of right wrist complaints. On 02/27/2013, it is stated that the patient complains of "burning pain and weakness of the right hand and wrist, "dropping things a lot" and "gradual decline in right wrist/hand." On 04/17/2013, it is stated "positive Tinel's/Phalen's right, and diminished sensation median nerve distribution, right." Report 09/13/2013 documents "increasing right wrist/hand pain, radial aspect" and "positive Finkelstein's right; Jamar right markedly limited." The request for a MRI of the right wrist is medically necessary and appropriate.