

Case Number:	CM13-0047345		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2011
Decision Date:	05/21/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 49-year-old female who was injured on April 19, 2011. A gallon of liquid fell onto her left hand and wrist. Specific to her left wrist, there is documentation of a prior MRI scan from August 11, 2011 that showed findings suggestive of an acute triangular fibro cartilage (TFCC) tear with inflammatory findings. A second MRI of the wrist was performed April 20, 2012 that showed a small amount of fluid within the radio carpal and ulnar carpal joints surrounding the TFCC but no definitive TFCC tearing. The patient's current clinical presentation of August 28, 2013 showed chief complaints of bilateral hand, wrist pain and left elbow pain. Specific to the left upper extremity, it states that since time of injury the patient has been treated conservatively with bracing, physical therapy, medication management and previous injections. It was indicated at that time that the patient had previously been offered a surgical procedure in the form of an arthroscopy which she had declined. Continued subjective complaints appear to be that of pain about the digits with "weakness, swelling and stiffness". Specific evaluation to the left wrist showed tenderness to palpation over the TFCC. There was a positive Finkelstein and CMC grind test. Plain film radiographs reviewed showed an ulnar neutral variant. The patient's working diagnoses were that of carp metacarpal joint thumb "irritation", De Quervain's tenosynovitis and a TFCC tear. Recommendations at that time were for continuation of splinting and a repeat MRI scan of the left wrist for comparison purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI OF THE LEFT 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: FOREARM/WRIST/HAND PROCEDURE - MRI'S (MAGNETIC RESONANCE IMAGING)

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of a third MRI scan to this patient's wrist would not be indicated. Repeat MRI scans are typically not recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. At this chronic stage in patient's course of care, there is no indication of new injury or significant change in clinical finding that would be indicative of need for further imaging. While the patient's previous two MRI scans were indicative of injury to the TFCC, a third MRI scan in the setting of the patient's chronic complaints of pain and physical examination findings would not appear to change the clinical course of care or treatment plan. The acute need for a third MRI scan at this stage from the patient's time of injury would not be indicated. Therefore the request is not medically certified.