

Case Number:	CM13-0048904		
Date Assigned:	12/27/2013	Date of Injury:	12/12/2005
Decision Date:	05/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 claimant was injured in a work related accident 12/12/05. She sustained injuries to the bilateral upper extremities. Clinical presentation including a PR2 report of 10/16/13 indicates bilateral chronic hand pain and wrist pain. It states that she is status post a right wrist arthroscopy in that her current physical examination at the date was "deferred." She was given a working diagnosis of carpal tunnel syndrome bilaterally with lateral epicondylitis. Continuations of work restrictions were recommended as well as contemplation of surgical process to include a left carpal tunnel release procedure. A previous assessment of 10/02/13 stated the claimant's left wrist was with increased pain with examination showing pain in the snuffbox with swelling over the radial aspect of the wrist. Frustrated by ongoing symptoms, an MRI arthrogram of the left wrist was recommended at that time for further clinical assessment. Clinical records reviewed failed to demonstrate previous MR imaging to the wrist or left upper extremity. At present, there is a request for an MR arthrogram as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM 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 Citation: American College Of Radiology's Appropriateness In The Management Of Chronic Wrist Pain, Official Disability Guidelines: Wrist, Hand And Forearm Chapter and Official Disability Guidelines: Carpal Tunnel Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262, Table 11-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013, Updates: Forearm, Wrist, Hand Procedure

Decision rationale: Based on the CA MTUS and Official Disability Guidelines, the arthrogram to the claimant's wrist would not be indicated. In the chronic setting, arthrogram could be indicated if plain films demonstrate a normal or equivocal finding and there is suspect soft tissue tumor, Kienbock's disease or need for repeat assessment following a surgical process. In this instance, the claimant is with chronic complaints of continued pain about the left wrist, but no indication of recent plain film radiographs or previous imaging for review. The specific request for an arthrogram at this chronic stage in this claimant's clinical course of care would not be indicated as medically necessary. Therefore, the request is not medically necessary.