

Case Number:	CM13-0050506		
Date Assigned:	12/27/2013	Date of Injury:	06/02/2003
Decision Date:	03/11/2014	UR Denial Date:	11/06/2013
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 Occupational Medicine and is licensed to practice in Mississippi. 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:

Claimant is a 51 year old female with date of injury 6/2/2003. Per progress note dated 10/11/2013, the claimant complained of low back pain that radiates down the left leg and left wrist pain. On exam she had an antalgic gait favoring the right lower extremity, tenderness over the anterolateral aspect of the ankle, and tenderness over the Achilles tendon and left paralumbar musculature. There was discomfort on the left straight leg raise and decreased sensation of the S1 nerve distribution of the legs stopping at the ankle. Lumbar spine flexion was limited to 12 inches from floor. Lateral bending caused back pain bilaterally. Diagnoses included 1) grade I spondylolisthesis at L5-S1 2) L3-4 disc bulge 3) L4-5 disc protrusion with nerve impingement. Treatment included tramadol and Flector patches. Progress note dated 1/3/2014 clarifies that the wrist pain is consistent with first CMC joint pain and De Quervain's tenosynovitis. Left hand exam shows she has a positive Finkelstein's test and CMC grind test is positive at the first joint in the first finger. Grip strength on the left is 4/5. She has normal range of motion at the wrist and all of her fingers. Treatment includes physical therapy for the left hand. Progress note dated 8/20/2013 reports x-rays four views of left wrist demonstrated normal bony anatomy with no evidence of scapholunate dissociation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Per ACOEM Guidelines, Table 11-6, the use of MRI is useful in identifying wrist pathology is not very useful, with history and physical exam generally being sufficient to provide a diagnosis. The claimant has been diagnosed with De Quervain's Tenosynovitis and first CMC joint pain. The algorithms in ACOEM Guidelines Chapter 11 do not support the use of MRI for these diagnoses. The claimant has had wrist pain for several months, but it appears that she is just recently beginning physical therapy. The requesting provider is a specialist, however, does not discuss the prospect of wrist surgery, or why the circumstances of this claimant's injury might warrant the use of MRI. The request for MRI of the left wrist is determined to not be medically necessary.