

Case Number:	CM13-0053608		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2008
Decision Date:	03/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine 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 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 injured worker is a 52-year-old male with a date of injury of 03/20/2008. The Utilization Review dated 10/10/2013 identified the mechanism of injury as a fall off a bakery truck during the unloading process. An assessment by [REDACTED] dated 02/20/2013 reported right shoulder pain and lower back pain that goes into the buttocks and both legs. There is no mention of wrist pain at that time. Notes by [REDACTED] dated 10/08/2013, and 11/20/2013 indicated a worsening intensity of lower back pain with pain and numbness that went into the legs, right shoulder pain, right elbow pain with tingling and numbness in the forearm and fingers 4 and 5, right wrist pain, and left wrist pain following a new injury on 04/08/2013. Physical examinations by [REDACTED] on 10/08/2013 and 11/20/2013 described tenderness along the back of the right shoulder with positive right Neer's, supraspinatus, and Hawkin's tests; positive right tennis elbow tests; and tenderness at both scaphoid and lunate bones and the flexion/extension creases of the wrists. An interpretative report of x-rays done on 10/08/2013 of an unreported body area(s) was not provided. Diagnoses included a concern for lumbar radiculopathy, right lateral epicondylitis, right shoulder subacromial impingement syndrome, cervicothoracic strain, history of a recent left wrist injury, and a concern for internal derangement of the right wrist. A Utilization Review decision was rendered on 10/10/2013 recommending non-certification for a MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) , right 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): 253-286. Decision based on Non-MTUS Citation Medscape, Kienbock disease.

Decision rationale: The Physician Reviewer's decision rationale: Magnetic resonance imaging (MRI) of the wrist and hand is strongly recommended by the MTUS Guidelines for concerns for infection, weakly for carpal tunnel syndrome, and as a limited option in other situations. ■■■ notes dated 10/08/2013 and 11/20/2013 described progressive worsening of right wrist pain with objective findings of tenderness specifically over the lunate bone, which was not described in ■■■ report dated 02/20/2013. Kienbock disease is a condition in which the blood supply to the lunate bone in the wrist is interrupted, causing pain and ultimately stiffness and joint dysfunction over time. While x-rays in the appropriate clinical setting are diagnostic, MRI can be most helpful early in the disease when x-rays may still be non-diagnostic. ■■■ notes described a concern for internal derangement of the wrist. Kienbock disease is included under that heading of conditions. For these reasons, the request for a MRI of the right hand and wrist is medically necessary.