

Case Number:	CM13-0060859		
Date Assigned:	12/30/2013	Date of Injury:	10/10/2012
Decision Date:	12/23/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine & Rehabilitation and Pain Management, 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 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 51 year old female with an injury date of 10/10/12. Based on the 11/07/13 progress report provided by treating physician, the patient complains of pain and weakness of the right hand. Patient wears an elbow brace and right wrist brace. Physical examination of the right wrist revealed shaking and tremor of the right hand. Pain at the distal radio ulnar joint rather than dorsally. Range of motion was decreased, especially on radial deviation. Negative Finkelstein. Per treater report dated 11/07/13, patient went to [REDACTED] and obtained X-Rays and MRI of the right hand immediately following her injury of 10/10/12. Per treater report dated 11/13/13, patient medications include Norco and Cyclobenzaprine. Patient is working on modified duty. Diagnosis 11/07/13- history of right wrist injury with possible diagnosis of scapholunate ligamentous injury- suspect TFCC tear and ulnar impaction- tremor and shaking of the right hand, unclear- left lateral epicondylitis of the elbow Diagnosis 11/13/13- scapholunate ligament tear The utilization review determination being challenged is dated 11/22/13. Treatment reports were provided from 05/23/13 - 11/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram for right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - HAND AND WRIST CHAPTER MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MR Arthrogram and Forearm, Wrist, & Hand (Acute & Chronic) Chapter: MRI's

Decision rationale: The patient presents with pain and weakness of the right hand. The request is for MR arthrogram for right wrist. Patient wears an elbow brace and right wrist brace. Physical examination of the right wrist revealed shaking and tremor of the right hand. Pain at the distal radio ulnar joint rather than dorsally. Range of motion was decreased, especially on radial deviation. Negative Finkelstein. Per treater report dated 11/13/13, patient medications include Norco and Cyclobenzaprine. Regarding MR Arthrogram, ODG-TWC, Shoulder Chapter states "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter states: "MRI's (magnetic resonance imaging): Indications for imaging -- Magnetic resonance imaging (MRI): - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)." Per diagnosis dated 11/07/13, patient has history of right wrist injury with possible diagnosis of scapholunate ligamentous injury, and suspect TFCC tear and ulnar impaction. Per treater report dated 11/07/13, patient went to [REDACTED] and obtained X-Rays and MRI of the right hand immediately following her injury of 10/10/12. ODG does not support MR Arthrogram for the wrist, and provided indication for MRI. In this case, repeat MRI of wrist is not warranted either, as treater has not discussed reason for the request, and patient does not present with significant change in symptoms or findings suggestive of significant pathology. Recommendation is for denial.

X-Ray motion series for right and left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, CRMA (computed radiographic mensuration analysis)

Decision rationale: The patient presents with pain and weakness of the right hand. The request is for X-Ray motion series for right and left wrist. Patient wears an elbow brace and right wrist brace. Physical examination of the right wrist revealed shaking and tremor of the right hand. Pain at the distal radioulnar joint rather than dorsally. Range of motion was decreased, especially on radial deviation. Negative Finkelstein. Per treater report dated 11/13/13, patient medications include Norco and Cyclobenzaprine. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "CRMA (computed radiographic mensuration analysis) Not recommended. There is no quality evidence to support this. In this process spinal measurements of translation and angulation are analyzed using [REDACTED] software to dynamically assess musculoskeletal structures by capturing Alteration of Motion Segment Integrity (AOMSI) during a dynamic range. This diagnostic tool purports to enable motion analysis to quantify spinal pathologies and ligament laxity in specific spinal regions. See also computerized range of motion (ROM); Flexion/extension imaging studies; Videofluoroscopy (for range of motion)." Treater has

not discussed reason for the request. Per diagnosis dated 11/07/13, patient has history of right wrist injury with possible diagnosis of scapholunate ligamentous injury, and suspect TFCC tear and ulnar impaction. Per treater report dated 11/07/13, patient went to [REDACTED] and obtained X-Rays and MRI of the right hand immediately following her injury of 10/10/12. ODG does not support the requested procedure for motion X-Ray, computed radiographic mensuration analysis. Recommendation is for denial.