

Case Number:	CM13-0068950		
Date Assigned:	01/03/2014	Date of Injury:	08/22/2012
Decision Date:	05/27/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 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:

According to the records made available for review, this is a 50-year-old male with an 8/22/12 date of injury and status post left carpal tunnel release in 2001. At the time (9/12/13) of request for authorization for MRI (magnetic resonance imaging) of left wrist without contrast, there is documentation of subjective findings of continued left wrist pain with repetitive movements and forceful grasping. Objective findings: generalized tenderness in the left wrist, tenderness at the base of the left thumb, and limited left wrist range of motion. Imaging findings from MRI of the left wrist (1/15/13) report revealed extensive bone marrow edema involving the navicular bone; increased fluid within the proximal and mid carpal rows; increased fluid within the distal radioulnar joint; increased fluid within the triangulart fibrocartilage complex and carpal tunnel; thickening of the extensor tendons; and enlarged median nerve with increased signal. Current diagnoses include left wrist sprain/strain. The treatments to date include left carpal tunnel release, left wrist brace, acupuncture, and medications. In addition, medical report plan identifies new MRI of the left wrist to evaluate the progress of the edema in the carpal bones and to determine if the patient requires arthroscopy of the left wrist. There is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT WRIST WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, MRI (Magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Parameters for Medical Imaging.

Decision rationale: The MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. The Official Disability Guidelines (ODG) identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI (magnetic resonance imaging). Within the medical information available for review, there is documentation of a diagnosis of left wrist sprain/strain. In addition, there is documentation of a previous left wrist MRI on 1/15/13. However, despite documentation of subjective (continued left wrist pain with repetitive movements and forceful grasping) and objective (generalized tenderness in the left wrist, tenderness at the base of the left thumb, and limited left wrist range of motion) findings, and a plan identifying new MRI of the left wrist to evaluate the progress of the edema in the carpal bones and to determine if the patient requires arthroscopy of the left wrist; there is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of left wrist without contrast is not medically necessary.