

Case Number:	CM14-0003796		
Date Assigned:	02/03/2014	Date of Injury:	11/02/2007
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

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 injured worker is a 30 year old male documented as having sustained an industrial related injury on November 02, 2007. The utilization review documents in January 2014 indicate a previous evaluation demonstrated findings consistent with carpal tunnel syndrome, pain with range of motion, and tenderness over the scapholunate joint. Additionally, there was a 3rd metacarpal shaft. The clinical progress note from December 2013 indicates that the claimant has complaints of wrist pain rated as 2-8/10. The examination documents a positive Tinel's, positive Phalen's, pain with range of motion, subject and compression test, and tenderness over the scapholunate joint. The clinician also documents pain over the 3rd metacarpal. Diagnoses included status post at reduction internal fixation of the 3rd metacarpal, incision room on the dorsal aspect of the right hand, right wrist sprain/strain, right wrist tendinitis, and possible carpal tunnel syndrome. The clinician does not provide reasoning for the requested MRI or for the requested trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI RIGHT WRIST (TO BE SCHEDULED BY [REDACTED])

[REDACTED]: Upheld

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

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, 11 FOREARM,
WRIST AND HAND COMPLAINTS, 61

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG

Decision rationale: The Official Disability Guidelines (ODG) supports the use of MRIs in the management of chronic wrist pain when radiographs are abnormal and there is suspicion of soft tissue tumor or Kienbock's disease. Based on the clinical documentation provided for review, there is no clear indication for the requested imaging for this injured worker. As such the request is not medically necessary and appropriate.

TRIGGER POINT INJECTION TO THE RIGHT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
122.

Decision rationale: The MTUS Chronic Pain Guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections include documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than three months, and failure to respond to conservative medical management therapies. The medical records provided for review do not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. As such, the request is not medically necessary and appropriate.