

Case Number:	CM14-0012584		
Date Assigned:	02/21/2014	Date of Injury:	03/05/2012
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 48-year-old male with an injury reported on 03/05/2012. The mechanism of injury was not provided within the clinical notes. An x-ray report of the right wrist dated 12/10/2013, revealed the distal radius and ulnar are unremarkable, the carpal bones including the scaphoid and lunate are unremarkable. The impression of the x-ray was noted as unremarkable study of the right wrist. The clinical note dated 01/21/2014 reported the injured worker complained of right wrist pain. The physical examination revealed full range of motion in all digits to the right hand. Moderate dorsal right wrist tenderness was noted. The injured worker's range of motion to his right wrist demonstrated flexion to 65 degrees and extension to 45 degrees. The injured worker's prescribed medication list included Voltaren 100 mg, Ultram ER 150 mg, and Protonix 20 mg. The injured worker's diagnoses included carpal tunnel syndrome; sprain and strain of carpal joint of wrist; cumulative trauma disorder of the right upper extremity; rule out cervical radiculopathy; status post right open carpal tunnel release without relief of symptoms; possible ligamentous injury right wrist. The provider requested 1 MR arthrogram of the right wrist. The rationale was not provided. The request for authorization was submitted on 01/25/2014. The injured worker's prior treatments included x-ray of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR ARTHROGRAM OF THE 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): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, MRI's (magnetic resonance imaging).

Decision rationale: The injured worker complained of right wrist pain. The injured worker is status post right open carpal tunnel release without relief of symptoms. It was noted the injured worker had an x-ray to the right wrist that was unremarkable. An MR arthrogram is a two-part exam, the first part is completed with the assistance of an x-ray machine called a C-Arm and the second part is the MRI of the affected area. The CA MTUS/ACOEM guidelines recognize magnetic resonance imaging (MRI) is optional for all Acute, Sub-Acute and Chronic Hand, wrist and forearm disorders. For most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. The Official Disability Guidelines indications for imaging include acute hand or wrist trauma, suspect acute distal radius fracture; suspect acute scaphoid fracture; radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, or suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). For chronic wrist pain, imaging is supported if plain films are normal, suspect soft tissue tumor; or equivocal, or suspect Kienböck's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The rationale for the MR arthrogram of the right wrist was not provided. There is a lack of clinical evidence indicating the injured worker has an acute hand or wrist trauma or had significant objective deficits on examination to support the necessity of the requested MR arthrogram. There is a lack of clinical information indicating the provider suspects a fracture, soft tissue tumor, or Kienböck's disease. The injured worker is status post right open carpal tunnel release and the previous postoperative MRI was not provided. Therefore, the request is not medically necessary.