

Case Number:	CM14-0013342		
Date Assigned:	02/26/2014	Date of Injury:	04/20/2012
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopaedic 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 claimant is a 39-year-old male who was injured on April 20, 2012. The claimant is documented as having sustained a crush injury to the right wrist and subsequently undergoing arthroscopy with synovectomy and repair of the Triangular fibrocartilage complex (TFCC) on August 29, 2012. Subsequently, a median and ulnar nerve decompression was performed on March 14, 2013. The most recent progress note available to the reviewer dated January 15, 2014 notates complaints of right hand pain and swelling. The physical examination from that visit reveals diffuse tenderness and diffuse swelling of the right hand with no change in range of motion. The December 4, 2013 note indicates complaints of diminished wrist range of motion and a shocking type pain. Tenderness is noted as a diffuse pattern and there is no change in range of motion. Examination of the skin reveals no abnormalities. A diagnosis of possible complex regional pain syndrome of the right upper extremity is given. An additional progress note from December 9, 2013 indicates the claimant is pending sympathetic ganglion blocks on December 11, 2013 a diagnosis of reflex sympathetic dystrophy of the upper limbs given. A subsequent clinical from March 5, 2014 indicates the claimant was assaulted resulting in an MRI of the right wrist. The progress note from February 6, 2014 indicates the previous sympathetic nerve block was diagnostic for complex regional pain syndrome (CRPS). The review in question was rendered on January 24, 2014 the reviewer noncertified requests for MRI of the right wrist. The reviewer indicates the physical examination is consistent with CRPS and notes that an MRI is not an appropriate diagnostic study for this condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT 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) Forearm, Wrist, and Hand; MRIs.

Decision rationale: The MTUS does not address the subject and the American College of Occupational and Environmental Medicine (ACOEM) does not recommend MRI prior to evaluation by a qualified specialist. The Official Disability Guidelines (ODG) offers specific recommendations regarding indications for MRI of the wrist. Based on the clinical documentation provided, the claimant appears to have very clear symptoms consistent with Complex Regional Pain Syndrome (CRPS). As such, the MRI is considered not medically necessary.