

Case Number:	CM14-0015748		
Date Assigned:	04/25/2014	Date of Injury:	06/30/2012
Decision Date:	07/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Pain Management, has a subspecialty in Interventional 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 67 year old with an injury date on 6/30/12. Based on the 1/3/14 progress report diagnosis are: impingement syndrome status post decompression, rotator cuff repair, and what appears to be labral repair on the right; discogenic cervical condition with radicular component down the right upper extremity; nerve studies have shown no radiculopathy; CMC joint inflammation of the thumb on the right, clarification being needed; carpal tunnel syndrome on the right confirmed by nerve studies, clarification for coverage needed; and patient does not seem to have issues with depression anymore. Examination on 1/3/14 showed "tenderness along rotator cuff and biceps tendon of right shoulder. Shoulder abduction is 115 degrees. There is weakness against resistance with shoulder abduction, flexion, internal and external rotation 5/5 on right. On right, tenderness along carpal tunnel with positive Tinel's for carpal tunnel as well as tenderness along the first extensor. There is weakness to thumb abduction 4/5 and adduction 5/5. Grip strength is 40 on right and 82 on left. Positive Tinel's at the elbow." 1/3/14 report states: "patient's MRI is showing multilevel disc disease. In terms of wrist, fluoroscopy shows a neutral variance" but date of MRI is unclear and the MRI report is not included. Reports show no radiographic imaging was done. [REDACTED] is requesting an MRI for the patient's right wrist. The utilization review determination being challenged is dated 1/24/14 and refutes request for wrist MRI due to lack of routine radiographic imaging, and no specific diagnosis necessitating MRI other than carpal tunnel syndrome.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: For MRIs of the wrist, MTUS/ACOEM Guidelines states: "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: An acute injury to the metatarsophalangeal joint of the thumb, accompanied by tenderness on the ulnar side of the joint and laxity when that side of the joint is stressed (compared to the other side), may indicate a gamekeeper thumb or rupture of the ligament at that location. Radiographic films may show a fracture; stress views, if obtainable, may show laxity. The diagnosis may necessitate surgical repair of the ligament; therefore, a surgical referral is warranted." The Official Disability Guidelines (ODG) state: "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." In this case, despite the review of all of the medical records available, there are no X-ray reports available, and a prior MRI in 2013 was for C-spine. There is no evidence that this patient has had wrist MRI in the past. Given the chronic wrist pain persisting 1.5 years beyond injury, as well as CMC joint inflammation and suspected soft tissue injury, the MRI is reasonable and within ACOEM guidelines. Therefore, the request for MRI of the right wrist is medically necessary and appropriate.