

Case Number:	CM14-0127071		
Date Assigned:	08/13/2014	Date of Injury:	01/28/2014
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational Medicine 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 45-year-old male with a 1/28/14 date of injury. At the time (7/15/14) of request for authorization for MRI of the left wrist, there is documentation of subjective (pain and unable to do the usual and customary duties; numbness and tingling in the left hand, especially at night; pain along the dorsal aspect of the distal forearm and hand in the distribution of the left radial nerve, clicking of the ulnar side of the left wrist) and objective (pain to deep palpation of the dorsal radiocarpal and distal radioulnar joints of the left wrist, painful clicking with pronation and supination of the forearm, tenderness to AP stress testing of the left radio carpal joint, sensation diminished over the index and long fingers of the left hand in the radial nerve distribution, positive Tinel's at the carpal and radial tunnel, and positive Phalen's) findings, current diagnoses (mild left radial tunnel syndrome, mild left carpal tunnel syndrome, pain and crepitus of the left wrist, rule out TFCC tear), and treatment to date (physical therapy, activity modification, medications, and bracing).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

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) Forearm/Wrist/hand Chapter, Magnetic resonance imaging (MRI).

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. ODG identifies documentation of Tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb), as criteria necessary to support the medical necessity of wrist/hand MRI. Within the medical information available for review, there is documentation of diagnoses of mild left radial tunnel syndrome, mild left carpal tunnel syndrome, pain and crepitus of the left wrist rule out TFCC tear. In addition, there is documentation of wrist problems or red flags after four-to-six week period of conservative care and observation. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left wrist is medically necessary.