

Case Number:	CM14-0135318		
Date Assigned:	08/29/2014	Date of Injury:	03/09/2012
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 50-year-old female with a 3/9/12 date of injury, and status post anterior discectomy and fusion C5-C6 (undated). At the time (7/29/14) of request for authorization for MRA (Magnetic Resonance Angiogram) of the right wrist, right hand, left wrist, and left hand, there is documentation of subjective (constant pain in cervical spine radiating into upper extremities, associated headaches that are migrainous in nature and tension between shoulder blades, low back pain radiating into lower extremities, and pain in bilateral wrist/hand rated 7/10) and objective (tenderness over volar aspect of wrist, positive palmar compression test with subsequent Phalen's maneuver, Tinel's sign positive over carpal canal, full but painful wrist/hand range of motion, swelling in dorsum, an diminished sensation in radial digits) findings. The current diagnoses are cervicgia, lumbago, and carpal tunnel syndrome. The treatment to date includes Naproxen, Cyclobenzaprine, Omeprazole, physical therapy, and activity modifications. There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (Magnetic Resonance Angiogram) of the right wrist: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Forearm, Wrist and Hand Procedure Summary last updated 02/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/10319095>.

Decision rationale: 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. The Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (such as: visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures), as criteria necessary to support the medical necessity of MRA of wrist/hands. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, lumbago, and carpal tunnel syndrome. In addition, there is documentation of wrist problems after four-to-six week period of conservative care and observation. However, despite documentation of subjective (pain in bilateral wrist/hand rated 7/10) and objective (tenderness over volar aspect of wrist, positive palmar compression test with subsequent Phalen's maneuver, Tinel's sign positive over carpal canal, full but painful wrist/hand range of motion, swelling in dorsum, an diminished sensation in radial digits) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures). Therefore, based on guidelines and a review of the evidence, the request for MRA (Magnetic Resonance Angiogram) of the right wrist is not medically necessary.

MRA (Magnetic Resonance Angiogram) of the right hand: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Forearm, Wrist and Hand Procedure Summary last updated 02/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/10319095>.

Decision rationale: 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. The Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (such as: visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures), as criteria necessary to support the medical necessity of MRA of wrist/hands. Within the medical information available for review, there is

documentation of diagnoses of cervicalgia, lumbago, and carpal tunnel syndrome. In addition, there is documentation of wrist problems after four-to-six week period of conservative care and observation. However, despite documentation of subjective (pain in bilateral wrist/hand rated 7/10) and objective (tenderness over volar aspect of wrist, positive palmar compression test with subsequent Phalen's maneuver, Tinel's sign positive over carpal canal, full but painful wrist/hand range of motion, swelling in dorsum, an diminished sensation in radial digits) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures). Therefore, based on guidelines and a review of the evidence, the request for MRA (Magnetic Resonance Angiogram) of the right wrist is not medically necessary.

MRA (Magnetic Resonance Angiogram) of the left wrist: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Forearm, Wrist and Hand Procedure Summary last updated 02/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/10319095>.

Decision rationale: 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. The Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (such as: visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures), as criteria necessary to support the medical necessity of MRA of wrist/hands. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, lumbago, and carpal tunnel syndrome. In addition, there is documentation of wrist problems after four-to-six week period of conservative care and observation. However, despite documentation of subjective (pain in bilateral wrist/hand rated 7/10) and objective (tenderness over volar aspect of wrist, positive palmar compression test with subsequent Phalen's maneuver, Tinel's sign positive over carpal canal, full but painful wrist/hand range of motion, swelling in dorsum, an diminished sensation in radial digits) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures). Therefore, based on guidelines and a review of the evidence, the request for MRA (Magnetic Resonance Angiogram) of the left wrist is not medically necessary.

MRA (Magnetic Resonance Angiogram) of the left hand: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Forearm, Wrist and Hand Procedure Summary last updated 02/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/10319095>.

Decision rationale: 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. The Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (such as: visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures), as criteria necessary to support the medical necessity of MRA of wrist/hands. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, lumbago, and carpal tunnel syndrome. In addition, there is documentation of wrist problems after four-to-six week period of conservative care and observation. However, despite documentation of subjective (pain in bilateral wrist/hand rated 7/10) and objective (tenderness over volar aspect of wrist, positive palmar compression test with subsequent Phalen's maneuver, Tinel's sign positive over carpal canal, full but painful wrist/hand range of motion, swelling in dorsum, an diminished sensation in radial digits) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures). Therefore, based on guidelines and a review of the evidence, the request for MRA (Magnetic Resonance Angiogram) of the left hand is not medically necessary.