

Case Number:	CM14-0135837		
Date Assigned:	09/03/2014	Date of Injury:	11/09/2012
Decision Date:	09/30/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/25/2014

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 Illinois. 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 36 year old female who reported an injury on 11/09/2012 due to lifting a piece of luggage with her left hand. Her diagnosis was listed as enthesopathy of the left wrist. The past treatments were medications and physical therapy, which consisted of hot and cold therapy, paraffin wax treatments, massage, and electrode treatments. The past diagnostic studies included an MRI of the left hand and wrist which revealed cysts in the left wrist, and an EMG/NCV study which was positive for carpal tunnel. There were no relevant surgeries noted. On 06/16/2014, the injured worker complained of pain in the left wrist. Upon physical examination, she was noted to have decreased range of motion and pain with dorsiflexion at 40 degrees, palmar flexion at 40 degrees, radial deviation at 10 degrees, and ulnar deviation at 20 degrees. The medications included Norco 5/325 mg and Ambien 5 mg. The treatment plan included a request for MRI of the left wrist, a request to obtain an EMG/NCV study of the upper extremities, and a urine toxicology drug screen. The rationale for the request was not provided. The request for authorization form was not provided.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (updated 2/18/14) MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, MRI's (magnetic resonance imaging).

Decision rationale: The request for MRI of the left wrist is not medically necessary. The California MTUS/ACOEM Guidelines state that 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. More specifically, the Official Disability Guidelines may indicate imaging in patients with chronic wrist pain, normal plain films, and suspicion of soft tissue tumor. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker did report pain to her left wrist and decreased range of motion. There was a previous undated MRI of the left wrist and hand which revealed cysts in the left wrist. There is a lack of documentation of four to six weeks of conservative care. In the absence of sufficient documentation with evidence of conservative care or significant change in symptoms or findings suggestive of significant pathology to warrant repeat imaging, the request is not supported. Therefore, the request is not medically necessary.