

Case Number:	CM14-0137047		
Date Assigned:	08/29/2014	Date of Injury:	09/21/2011
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 57-year-old female who has a date of injury from January 1 of 2011 to November 11, 2011 in addition she had a specific injury on July 18, 2011. She has multiple orthopedic complaints allegedly stemming from industrial accidents and repetitive stress trauma due to the nature of her work. Her chief complaints involve neck pain, low back pain, and right shoulder pain, right wrist pain, depression, and sleep disorder. On July 21, 2014 she underwent an orthopedic evaluation of her right hand. The patient was complaining of continuous, dull, throbbing pain in her right hand which occasionally radiates along her arm to her shoulder. She occasionally experiences numbness and tingling in the hand. She has morning stiffness and she noticed a quarter-size lump on the radial side of her wrist that is hard and painful. The pain increases with gripping, pulling, pushing, pinching and torquing of her wrist. Physical examination revealed a volar ganglion with tenderness over the right first MCM joint. She had a positive Phalen and Durkin test on the right. Plain x-rays revealed severe right first MCM joint degenerative arthritis. Request is made for a MRI of the wrist and an ultrasound evaluation and ultrasound evaluation of the wrist in order to ascertain the extent of the ganglion cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI wrist.

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) <Insert Section (forearm wrist hand, topic MRI imaging).

Decision rationale: MTUS guidelines state that special studies are not needed until after a 4-6 week period of conservative care and observation and only in the case of acute wrist or hand trauma where ligamentous or bony injury is suspected and plain films are negative. The ODG states that MRI imaging is indicated in acute hand and wrist trauma and in chronic wrist pain where a soft tissue tumor or Kienbock's disease is suspected. There is no indication for using it to evaluate the extent of a ganglion. Therefore, the medical necessity of an MRI scan has not been established.

Ultrasound evaluation of right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultrasound.

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 hand Knee>, <Insert Topic (diagnostic ultrasound)>.

Decision rationale: The ODG states that ultrasound is a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized. There appears to be no indication for its use in evaluating a ganglion. Therefore, the medical necessity for ultrasound of the wrist has not been established.