

Case Number:	CM14-0161638		
Date Assigned:	10/07/2014	Date of Injury:	02/19/2014
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 54 year-old female with a reported date of injury on 02/19/2014. The mechanism of injury was repetitive strain to the right wrist. Her diagnoses were status post carpal tunnel release, right wrist carpal tunnel syndrome, and right wrist/hand derangement. Prior treatment included physical therapy and medications. The documentation contained no pertinent diagnostic studies performed after the right wrist carpal tunnel release on 05/20/2014. This injured worker complained of pain to the right wrist on 09/03/2014 which was throbbing, numbing, tingling and cramping. She reported pain rated 7/10 at rest and 9/10 during activities. She complained of pain radiating to her right shoulder during activities. Upon physical examination on 09/03/2014 the injured worker had restricted range of motion due to pain in her right wrist. Range of motion of the right wrist demonstrated dorsiflexion was 50/60, palmar flexion was 50/60, radial deviation was 15/20 and ulnar deviation was 25/30. The physician indicated there was tenderness present and a positive Tinel's test. The injured worker's medication regimen included naproxen. The treatment plan dated 09/03/2014 included recommendations for an MR Arthrogram of the right wrist and an EMG/NCV of the upper extremities, and a follow up visit on 10/01/2014. The request was for an MRA without contrast to the right wrist. No rationale was given. No Request for Authorization was included within the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One request for an MRA without contrast to the right wrist: Upheld

Claims Administrator 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), Treatment Index, 11th edition (web), 2013 Forearm wrist and Hand Chapter, MRIs

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, & arm

Decision rationale: The request for MRA without contrast to the right wrist is not medically necessary. The injured worker is status post carpal tunnel release 05/20/2014. She continues to complain of pain to right wrist. The California MTUS/ACOEM guidelines state special studies are not needed until after four to six weeks of conservative care. The Official Disabilities Guidelines state imaging may be indicated patients with suspected acute distal radius fracture, suspected acute scaphoid fracture, or suspected gamekeeper injury, after acute hand or wrist trauma, when radiographs are normal. Imaging may be indicated for patients with chronic wrist pain when plan films are normal, and there is a suspicion of a soft tissue tumor or Kienbock's disease. The injured worker had tenderness to palpation, spasms, and swelling over the dorsal aspect of the wrist. The injured worker had a positive Tinel's sign and tenderness over the median nerve, as well as limited range of motion to the wrist secondary to muscle spasms and pain. The physician noted the injured worker underwent right carpal tunnel release on 05/20/2014 followed by physical therapy, which did not provide relief. The documentation did not provide objective physical examination findings which were consistent with deficit in the wrist. The physician indicated an EMG/NCV and x-rays of the right wrist were performed; however, the physician did not provide the reports and results of the diagnostic studies. Therefore, the request for MRA without contrast to the right wrist is not medically necessary.