

Case Number:	CM14-0166041		
Date Assigned:	10/13/2014	Date of Injury:	11/01/2011
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 patient is a 54-year-old female who reported injury on 11/01/2011. The documentation of 08/26/2014 revealed the patient had subjective complaints of constant pain in the right hand that was described as sharp, throbbing, aching, burning, and with weakness. The pain was noted to travel to the patient's pinky finger, extending to her palm mid way. The patient had off and on pain in the left hand. The pain was described as throbbing and burning, along with numbness and tingling. The pain traveled to the wrist, extending to the index finger and thumb. The patient had pain in the fingers. The pain was sharp, throbbing, aching, burning, and shooting, along with numbness, tingling, and swelling. The pain traveled to the hands, extending to the wrist. The physical examination of the cervical spine revealed no asymmetry out of the web outline of the neck. There was no tenderness or spasm. The physical examination of the shoulders revealed a normal examination, as did the elbow examination. The patient had decreased range of motion bilaterally in dorsiflexion, volar flexion, ulnar deviation, and radial deviation. The patient had a positive Tinel's and Phalen's test bilaterally. The patient had tenderness over the distal radial ulnar joint bilaterally. There was tenderness to the triangular fibrocartilage complex bilaterally. There was no atrophy of the thenar muscles. There was tenderness and grinding of the first carpometacarpal joint on the right. There was an abnormal 2 point discrimination of the median nerve distribution bilaterally. There was abnormal motor power and sensation of the hands bilaterally. The diagnoses included in the right hand status post carpal tunnel release 1980; status post de Quervain's release 1980; status post first carpometacarpal interposition arthroplasty 01/2014; trigger finger, fourth, status post injection x4; and trigger finger, fifth, status post injection. The diagnoses for the left hand included status post carpal tunnel release in 1980; and status post de Quervain's release, left thumb, 1980. The treatment plan included an authorization for a right hand trigger finger release in the fourth and fifth digit. Additionally, the treatment plan

included an EMG/NCV of the bilateral upper extremities to establish the presence of radiculitis and neuropathy, as well as an MRI of the right and left wrist to establish any ligament tears, damage of tendons, and muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that special studies are not needed for patients presenting with true hand and wrist problems until after a 4 to 6 week period of conservative care and observation. Additionally, it indicates that most patients improve quickly, provided red flag conditions are ruled out. The patient has longstanding pain that has persisted despite multiple interventions. According to the "ACR-SSR Practice Guideline For The Performance Of Magnetic Resonance Imaging (MRI) Of The Wrist" MRIClinical scenarios, including, but not limited to: of the wrist may be useful to evaluate specific1. Acute and chronic wrist instability [32]. 2. Dorsal or ulnar-sided wrist pain. [32,34,54]. 3. Wrist symptoms in adolescent gymnasts [72,73].4. Unexplained chronic wrist pain [29,32,74].5. Acute wrist trauma [2,3,43].6. Wrist malalignment.7. Limited or painful range of motion.8. Unexplained wrist swelling, mass, or atrophy.9. Patients for whom diagnostic or therapeuticarthroscopy is planned.10. Patients with recurrent, residual, or newsymptoms following wrist surgery [45]This patient has chronic unexplained wrist pain. MRI is indicated and medically necessary.

MRI of the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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