

Case Number:	CM14-0167203		
Date Assigned:	10/14/2014	Date of Injury:	06/20/2005
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist tenosynovitis reportedly associated with an industrial injury of June 20, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; earlier thumb CMC joint arthroplasty surgery; earlier cervical fusion surgery; earlier shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 26, 2014, the claims administrator denied a request for MRI imaging of the wrist while approving a right wrist corticosteroid injection. The claims administrator stated that the applicant's issues were a function of tenosynovitis of the radial styloid. The applicant's attorney subsequently appealed. In a January 25, 2014, progress note, the applicant was placed off work, on total temporary disability following an earlier extensor carpi ulnaris steroid injection. The applicant was still wearing a wrist splint. The applicant stated that her wrist pain had recurred. The applicant was given a diagnosis of wrist tenosynovitis despite a negative Finkelstein's maneuver. On February 27, 2014, the attending provider wrote a letter appealing the MRI of the right wrist to evaluate for a possible triangular fibrocartilage tear. In an earlier utilization review report dated March 6, 2014, the claims administrator denied a request for wrist MRI imaging on the grounds that the applicant had not had prior plain film imaging studies of the hand. The claims administrator cited non-MTUS ODG Guidelines exclusively in its denial on that occasion. The remainder of the file was surveyed. It did not appear that the September 18, 2014, progress note on which the wrist MRI request was initiated was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, use of MRI scans prior to evaluation by a qualified specialist is deemed "optional." In this case, however, the applicant apparently has a long history of issues involving the injured wrist. The applicant is off work, on total temporary disability. The applicant is status post multiple wrist corticosteroid injections. The attending provider indicated on an earlier appeal letter of February 14, 2014, that he was searching for a possible triangular fibrocartilage tear at that point. The applicant had a history of multiple prior hand, wrist, and thumb surgeries, implying that the applicant would likely act on the results of the MRI imaging study in question and/or consider further surgical intervention were it offered. The proposed wrist MRI, thus, could significantly influence the treatment plan. Therefore, the request is medically necessary.