

Case Number:	CM14-0169613		
Date Assigned:	10/17/2014	Date of Injury:	09/28/2011
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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:

This is a 38 year old male patient who sustained a work related injury from 9/28/11 to 9/14/12. The current diagnoses include ganglion and cyst of tendon and bursa, carpal tunnel syndrome and inguinal hernia and s/p removal of a volar ganglion. Per the doctor's note dated 10/16/14, patient has complaints of chronic left wrist pain and left hip groin and left hand pain, with numbness. Physical examination revealed swelling and ganglion over EPL tendon of thumb- 2x 2 cm palpable fluid, 2 x 1 cm keloid scar, pain with range of motion thumb, tenderness on palpation, range of motion was restricted with wrist flexion 45 degrees and painful at ganglion, negative Tinel's sign and Phalen's sign, mild muscle weakness, decreased sensation along thumb and into palm and normal reflexes. The past medical histories include carpal tunnel syndrome and an inguinal hernia. The medication lists include Mobic, Tylenol, Advil, Naprosyn and Zipsor. The patient has had X-rays of the left wrist; EMG of the left upper extremity on 11/8/13 that revealed mild left median nerve compromise and mild findings of carpal tunnel syndrome. He had a left carpal tunnel steroid injection on February 7, 2014; removal of a volar ganglion on January 14, 2013; an aspiration of the cyst again with a Kenalog injection in 3/2013. He has had a urine drug toxicology report that was negative. The patient has received an unspecified number of PT and occupational visits for this injury. He was given a splint for this injury. The patient has used a brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left wrist without contrast between 09/04/2014 and 11/23/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61; 129.

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, & Hand (Acute & Chronic) MRI's (magnetic resonance imaging)(updated 02/18/14)

Decision rationale: Per cited ACOEM guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders." ACOEM guidelines don't address this issue completely hence ODG guidelines are used. Per cited guidelines, "Indications for imaging -- Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, Acute hand or wrist trauma, suspect acute scaphoid fracture, Chronic wrist pain, plain films normal, suspect soft tissue tumor".The pt has chronic wrist pain. He has had a ganglion cyst of the left wrist that was removed surgically. According to a recent wrist exam, he has swelling of the wrist with decreased ROM, decreased sensation in the thumb area, mild muscle weakness. X-rays of the wrist are normal. Electro-diagnostic studies show findings of mild carpal tunnel syndrome. The ganglion cyst has likely recurred. A MRI of the left wrist is medically appropriate and necessary in this patient with chronic wrist pain, presence of objective findings and recurrence of symptoms after ganglion cyst surgery, to evaluate the extent of the suspected ganglion cyst and to rule out any other soft tissue tumors. With this it is deemed that a MRI of the left wrist without contrast between 09/04/2014 and 11/23/2014 is medically necessary and appropriate.