

Case Number:	CM14-0024982		
Date Assigned:	06/11/2014	Date of Injury:	10/23/2010
Decision Date:	08/12/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 32-year-old female who reported an injury on 10/23/2010, due to an unknown mechanism of injury. The injured worker complained of persistent numbness to the right hand. On 02/11/2014, the physical examination revealed fullness over the dorsal aspect of the wrist. She had pain with Watson shift testing, and a positive Tinel's sign in the carpal tunnel. Based on the documentation provided on 12/31/2013, the injured worker had a MRI of the right wrist without contrast on 04/24/2013. The injured worker had diagnoses of right carpal tunnel syndrome, and right wrist pain. The past treatments included a wrist brace which has not been effective thus far. According to the documentation on 10/15/2013, the medication that the injured worker took for pain was ibuprofen. The physician is concerned about scapholunate pathology and/or dorsal ganglion cyst. Thus, requesting the MRI with contrast in hopes to further diagnose TFC (Triangular Fibrocartilage Complex) and/or intercarpal ligament pathology. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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, MRI's (magnetic resonance imaging).

Decision rationale: The injured worker has a history of pain and persistent numbness in the right hand. The CA MTUS/ACOEM guidelines state that risk of complications (e.g., infection, radiation) highest for contrast CT or arthrography; second highest for myelography; relatively less for bone scan, radiography, and CT; lowest for MRI. The ODG guidelines state that repeat MRI's are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker had a previous MRI without contrast of the right wrist on 04/24/2013. However, there was not a significant change in the signs and symptoms for the injured worker. Given the above, the request for MRI arthrogram of right wrist is non-certified.