

Case Number:	CM14-0026822		
Date Assigned:	06/13/2014	Date of Injury:	09/08/2000
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 63-year-old male with a date of injury of 09/08/2000. The listed diagnoses per [REDACTED] are: Right scapholunate advanced collapse, Right wrist osteoarthritis, likely secondary, ligament tear, Status post bilateral carpal tunnel release and ulnar nerve releases at the wrist in 2000 and 2001, Status post right revision carpal tunnel surgery 11/15/2012, Possible neuroma at the site of the right revision media nerve decompression at the wrist, Right wrist fluid and joint effusion per MRI 04/16/2013, Psoriasis with severe dryness. According to 01/27/2014 progress report by [REDACTED], the patient is status post bilateral carpal tunnel release from 2000 and 2002 and a right revision carpal tunnel surgery from 11/15/2012. The patient presents with right wrist fluid and joint effusion per MRI 04/16/2013. The treating physician is requesting authorization for EMG/NCS of the bilateral upper extremities and a repeat MRI of the right hand and an MRI of the wrist to evaluate the reported fluid and joint effusion noted in the previous MRI. Utilization review approved the request for MRI of the wrist but denied the request for MRI of the hand on 02/04/2014.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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),-TWC guidelines has the following regarding MRI of wrist.

Decision rationale: This patient is status post revision surgery in 2012 and presents with fluid and effusion in the right wrist. The treating physician would like a repeat MRI of the right wrist and an MRI of the wrist to reevaluate the wrist fluid and effusion. Utilization review from 02/04/2014 approved the request for the MRI of the wrist but denied the request for MRI of the hand stating, "the needed information that is the fluid collection is within the wrist and not so much the hand." Right wrist MRI from 04/16/2013 revealed 3.3 cm fluid structure low margin of carpal tunnel with internal debris most compatible with ganglion cyst, radiocarpal joint osteoarthritis with alignment abnormalities and borderline subluxation of the ulnar. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." Given the patient's chronic condition, ODG guidelines are consulted. ODG do not support repeat studies in the absence of significant change in clinical status. In this patient, a repeat MRI of the wrist is already authorized and the treating physician does not explain why an MRI of hand is needed. There does not appear to be any new pathologies in the hand, and the patient's clinical presentations have not changed much. Given the above the request is not medically necessary.