

Case Number:	CM14-0040376		
Date Assigned:	06/16/2014	Date of Injury:	06/28/2004
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 chronic wrist pain reportedly associated with an industrial injury of June 28, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; a thumb Spica splint; reportedly normal electrodiagnostic testing of November 18, 2004; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and an earlier carpal tunnel corticosteroid injection. In a utilization review report dated February 20, 2014, the claims administrator denied a request for wrist MRI imaging primarily citing non-MTUS ODG Guidelines. Plain film imaging of the wrist dated April 11, 2014 was apparently negative for any significant abnormality. MRI imaging of the wrist was sought on May 13, 2014, at which point, it was stated that the applicant had persistent complaints of wrist pain and swelling consistent with a ganglion cyst. It was stated that MRI imaging was needed to obtain definitive a diagnosis. In a letter dated March 5, 2014, the attending provider again wrote that he was trying to obtain wrist MRI imaging to differentiate between a ganglion cyst versus simple tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT WRIST: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation Ganglion Cyst section.

Decision rationale: The MTUS does not specifically address the topic of MRI imaging to help evaluate a diagnosis of ganglion cyst but does note in ACOEM Chapter 11, Table 11-2, page 260 that, typically, there is no specific pathognomic diagnostic test result for ganglion cyst or ganglion aggravations. However, the Third Edition ACOEM Guidelines do go on to note that while there is no firm recommendation for or against usage of MRI imaging for the evaluation of the applicants for suspected occult ganglion cyst, ACOEM does note that MRI imaging is reasonable for applicants who have had persistence of pain consistent with a ganglion lasting at least three weeks without trending toward improvement. In this case, the attending provider, the applicant's symptoms have been alleged to be a result of cumulative trauma at work, and are not trending towards spontaneous self-resolution. The attending provider has posited that MRI imaging may be of benefit in establishing a definitive diagnosis and/or course of action here. Therefore, the original utilization review decision is overturned. The request is medically necessary.