

Case Number:	CM14-0044582		
Date Assigned:	07/02/2014	Date of Injury:	06/30/2011
Decision Date:	10/02/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 37 year old female who reported an injury on 06/30/2011. Jammed her fingertips against a door. The injured worker was diagnosed with right wrist internal derangement and chronic widespread pain syndrome. The injured worker was treated with medications. The injured worker had official electrodiagnostic studies of the upper extremities on 11/11/2013 was within normal limits, unofficial x-rays of the right wrist on 10/23/2013 did not show any abnormalities, and an official CT scan of the cervical spine on 12/20/2013. The injured worker had surgery on the right wrist; however, the date of the surgery and the type of surgery performed were not indicated. On the clinical note dated 03/14/2014 the injured worker complained of pain. The injured worker had a right dorsal wrist incision that was healed, ventral right wrist tenderness over the palmer pillar, palmer pillar tenderness on the right, and positive right wrist carpal tunnel tinel. The injured worker was prescribed tramadol 150mg daily and Neurontin 300mg at bedtime. The treatment plan was for MR Arthrogram of the right wrist. The rationale for the request was not indicated within the medical records. The request for authorization 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:

MR Arthrogram Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pages 271-273 table, 11-7 Other Imaging Precedures;

Optional "Use of arthrography, MRI, or CT scans prior to history and physical examination by qualified specialist". Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand - Indications for imaging -- Magnetic resonance imaging (MRI)

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 request for MR Arthrogram right wrist is not medically necessary. The injured worker is diagnosed with right wrist internal derangement and chronic widespread pain syndrome. The injured worker complains of pain. The California MTUS/ ACOEM guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. The Official Disability Guidelines further state MRI is recommended for acute hand or wrist trauma with suspected fracture of the radius or scaphoid when radiographs are normal, for acute hand or wrist trauma with a suspected gamekeeper injury, and in chronic wrist pain when radiographs are normal and soft tissue tumor or Kienbock's disease are suspected. There is a lack of documentation which demonstrates that recent conservative care has failed to provide relief. The medical records lack indication of significant objective functional deficits. There is a lack of documentation of significant findings indicative of pathology to the right wrist upon physical examination. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for MR Arthrogram right wrist is not medically necessary.