

Case Number:	CM14-0058783		
Date Assigned:	07/09/2014	Date of Injury:	08/11/2012
Decision Date:	09/05/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

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 claimant is a 44 year old female with bilateral upper extremity injury on 11 Aug 2012. The injury has been attributed to repetitive activities at work. Her symptoms are bilateral upper extremity pain (8/10) extending into her elbows, wrists, hands and fingers 2-4 with numbness and tingling of hands/fingers. The symptoms on the left arm are worse than the right. These symptoms are exacerbated by activity (grasping, driving, typing, use of hands) and lessen with ice, massage. Examination of bilateral wrists showed positive Phalens test, negative compression test, negative Tinel's test and intact sensation to light touch throughout the median nerve distribution. The provider diagnosed her condition as: left wrist tendinitis, left elbow tendinitis, left wrist pain, left wrist internal derangement and left upper extremity repetitive overuse. Electromyogram and Nerve conduction velocity studies (EMG/NCV) of bilateral upper extremities on 13 Dec 2103 was normal. No mention in any of the records available for review of X-rays of the wrist. Medication (Motrin), wrist braces and physical therapy have been minimally helpful and have not resolved the pain. The provider requests left wrist MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI upper extremity without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Indications for imaging- Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-4.

Decision rationale: As per ACOEM guidelines assessment of the wrist looks to identify acute injuries (eg fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. Once the cause is identified treatment is aimed at relieving the cause. In this patient, available records do not show evaluation of all of these causes were pursued as there are no xray results or blood test results available for review. Since her treatments for the causes that were identified by her providers have not been effective, the question that now needs to be addressed is whether the diagnoses are correct and what is the next therapy to employ. A MRI is not a therapy but is a diagnostic tool. The assumption is that the provider needs this test to better understand the patient's problem so as to direct further therapy. As per the American College of Radiology Guideline this diagnostic test is used for detecting anatomic abnormalities of the wrist, and may be effective in unexplained chronic wrist pain, although chronic wrist pain is not a primary indication for wrist MRI. The results of the MRI require clinical correlation with history, exam, labs, imaging and physiological testing. According to the Official Disability Guidelines (ODG) the indications for MRI of the wrist for evaluation of chronic wrist pain is when the provider suspects either a soft tissue tumor or Kienbck's disease (a condition where the blood supply to one of the small bones in the wrist, the lunate, is interrupted) neither of which are suggested from the available history or exams, although, both should be ruled out. At this point there are few tests left to help identify the cause of the patient's discomfort but the xray and lab workup should be completed before going to a MRI. Therefore, the request is not medically necessary.