

Case Number:	CM14-0060416		
Date Assigned:	07/09/2014	Date of Injury:	01/19/2012
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 sustained an injury on 1/19/12 while employed by [REDACTED]. Request(s) under consideration include MRI Left Wrist. Report of 12/12/13 from the provider noted patient follow-up for right wrist surgery; therapy helping; been doing home exercises; off work until 1/19/14. Exam showed well-healed surgical scars about right wrist; still some limited range and decreased strength (no degrees or planes/ no motor grade); no instability with intact sensation. Diagnosis was continued post-op improvement with plan to continue home and formal PT and to remain off work. Report of 2/28/14 noted the patient for follow-up of right wrist surgery with wrist pain noting therapy helped feeling a lot better than prior to surgery; however, with constant ongoing wrist pain. Left wrist pain from compensation of right side. Exam showed well-healed surgical scars of right wrist; toleraing range quite well; no instability; limited dorsiflexion and volar flexion; left wrist tenderness around dorsal radiocarpal articulation; not instability. Diagnoses include s/p right wrist arthroscopy with good relief from PT; however, with compensable left wrist sympom. Treatment included imaging of left wrist. There is a utilization peer review certification dated 4/30/14 for physical therapy to the shoulder x 12 visits. Report of 5/6/14 from the provider noted patient presented for follow-up of right shoulder arthroscopy of 1/22/14 now approximately 3 months post-op with completion of 10 PT visits, still noting weakness and stiffness in shoulder and would like more therapy. The patient is taking Norco. Exam showed well-healed surgical scars at right shoulder; painful range of motion with abduction of 120 degrees and strength of 3/5; slight tenderness anteriorly. Plan to continue PT, refill of Rx. Norco. Request(s) for MRI Left Wrist was non-certified on 4/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Forearm, Wrist, and Hand Procedure Summary last updated 02/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: This patient sustained an injury on 1/19/12 while employed by [REDACTED]. Request(s) under consideration include MRI Left Wrist. Report of 12/12/13 from the provider noted patient follow-up for right wrist surgery; therapy helping; been doing home exercises; off work until 1/19/14. Exam showed well-healed surgical scars about right wrist; still some limited range and decreased strength (no degrees or planes/ no motor grade); no instability with intact sensation. Diagnosis was continued post-op improvement with plan to continue home and formal PT and to remain off work. Report of 2/28/14 noted the patient for follow-up of right wrist surgery with wrist pain noting therapy helped feeling a lot better than prior to surgery; however, with constant ongoing wrist pain. Left wrist pain from compensation of right side. Exam showed well-healed surgical scars of right wrist; toleraing range quite well; no instability; limited dorsiflexion and volar flexion; left wrist tenderness around dorsal radiocarpal articulation; not instability. Diagnoses include s/p right wrist arthroscopy with good relief from PT; however, with compensable left wrist sympom. Treatment included imaging of left wrist. There is a utilization peer review certification dated 4/30/14 for physical therapy to the shoulder x 12 visits. Report of 5/6/14 from the provider noted patient presented for follow-up of right shoulder arthroscopy of 1/22/14 now approximately 3 months post-op with completion of 10 PT visits, still noting weakness and stiffness in shoulder and would like more therapy. The patient is taking Norco. Exam showed well-healed surgical scars at right shoulder; painful range of motion with abduction of 120 degrees and strength of 3/5; slight tenderness anteriorly. Plan to continue PT, refill of Rx. Norco. Request(s) for MRI Left Wrist was non-certified on 4/16/14. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Left Wrist is not medically necessary and appropriate.