

Case Number:	CM14-0060908		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2012
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
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 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 patient is a 68-year-old female who has submitted a claim for myoligamentous strain of the cervical spine, myoligamentous strain of the thoracic spine, and inflammatory process of the shoulders bilateral rule out stiff shoulder syndrome bilaterally associated with an industrial injury date of September 18, 2012. Medical records from 2012-2014 were reviewed. The patient complained of persistent pain on both wrists, more on the right. It was characterized as dull and sharp with associated numbness and tingling in her 1st to 5th fingers. She has swelling noted on her bilateral wrists. Weakness was noted on both hands. The wrist pain was aggravated by opening jars, opening doors, driving, gripping, and grasping. Physical examination showed limited range of motion of both wrists. There was positive Phalen's test bilaterally. Tinel's and Finkelstein's test were both negative. Imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated April 4, 2014, denied the request for MR arthrogram left wrist because there were no details of the conservative treatment given for the bilateral wrists including functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram Left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: According to the ACOEM Practice Guidelines referenced by the California MTUS, MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; and to diagnose suspected soft tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. In this case, the patient has bilateral wrist sprain. Objective findings only showed limited range of motion of both wrists and positive Phalen's test bilaterally. Rationale for requesting the MR arthrogram of the left wrist was not stated. Furthermore, there were no reports of progression and persistence of symptoms despite conservative treatment. In addition, there was no discussion regarding possible TFCC tear, occult scaphoid fracture, or previous fracture. The guideline criteria have not been met. Therefore, the request for MRI Arthrogram Left wrist is not medically necessary.