

Case Number:	CM14-0068478		
Date Assigned:	07/14/2014	Date of Injury:	06/30/2001
Decision Date:	10/01/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/13/2014

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 & 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:

The injured worker is a 47-year-old female who sustained an injury on 06/30/01 due to repetitive trauma. On 03/17/14, the patient presented to the office of [REDACTED], for an initial evaluation for complaints of bilateral shoulder pain, neck pain, and bilateral wrist pain. In 2011 she had ulnar shortening osteotomy procedure on the right wrist. In November 2012 she had a hardware removal from her right forearm. MRI of the wrist in April 2012 showed post-surgical artifact arising from the distal ulnar diaphysis incompletely visualized in the images of plane and questionable post-surgical changes involving the triangular fibrocartilage complex and correlation with the patient's previous operative report for the extent and nature of the patient's previous surgery might be helpful for further evaluation and no definite abnormalities of the flexor carpi radialis tendon were identified, per radiology report. She was diagnosed with bilateral wrist derangement, left shoulder derangement, and rule out cervical disc herniation. The request for contrast x-ray of wrist (MR Arthrogram bilateral wrists) was denied due to lack of medical necessity on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contrast x-ray of wrist (MR Arthrogram bilateral wrists): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 268, Chapter 2 Pages 16-24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Per ODG, MRI of the wrist is indicated in acute trauma with suspected fracture of distal radius or scaphoid (with a normal radiograph), thumb MCP ulnar collateral ligament injury; or in chronic wrist pain with suspected soft tissue tumor or in Kienbock's disease. Repeat MRI should be reserved only for a significant change in symptoms and/or findings suggestive of significant pathology. MR arthrogram imaging is well suited for detecting lesions of the wrist. MR arthrography as a reliable diagnostic tool is strongly recommended if lesions of the scapholunate ligament and the triangular fibrocartilage complex are suspected. In this case, it is noted that in 2011 the IW had ulnar shortening osteotomy procedure on the right wrist. In November 2012 she had a hardware removal from her right forearm. MRI of the wrist in April 2012 showed post-surgical artifact arising from the distal ulnar diaphysis incompletely visualized in the images of pane and questionable post-surgical changes involving the triangular fibrocartilage complex. However, there is no evidence of any significant worsening of the symptoms in the right wrist. There is no history of recent trauma. There is no mention of any specific reason for MR arthrography. Furthermore, there is no rationale or any indication for MR arthrography of particularly in the left wrist. The guidelines criteria are not met in this case and therefore, the request is not medically necessary.