

Case Number:	CM14-0070060		
Date Assigned:	07/14/2014	Date of Injury:	03/01/2012
Decision Date:	08/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/15/2014

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 Nevada. 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 records, presented for review, indicate that this 60-year-old male was reportedly injured on 3/1/2012. The mechanism of injury was noted as cumulative work related trauma. The most recent progress note, dated 3/12/2014 indicated that there were ongoing complaints of left hand/wrist pain, left knee pain, and right ankle pains. The physical examination demonstrated left hand/wrist: Nonspecific tenderness of the left wrist. Positive Phalen's, positive Durkans median compression test. Decreased grip strength compared to contralateral side. Diminished sensation to light touch of the left hand involving the median and ulnar nerve distribution. Left knee: Mild swelling. Positive tenderness to the medial, lateral, and anterior aspects of the knee. Positive McMurray's. Ankle: Positive tenderness to palpation to the medial and lateral aspects of the right ankle. Positive anterior drawer sign of the right ankle. X-rays of the right/left hands and wrists revealed no fracture, dislocation or subluxation; an unremarkable x-ray. Previous treatment included steroid injection, medications, and conservative treatment. A request was made for MRI of the left hand, MRI of the left wrist, and was not certified in the pre-authorization process on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Magnetic resonance imaging has been advocated for patients with chronic wrist pain, because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. Indications for imaging with MRI include chronic wrist pain; plain films are normal, and suspension of soft tissue tumor or Kienbocks disease. After reviewing the medical records provided, there was no documented acute hand/wrist injury. In accordance with the guidelines, the physical exam findings and suspected diagnosis do not meet the criteria needed for this exam. Therefore, this request is not medically necessary.

MRI of the Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, wrist, and hand (acute and chronic), updated 2/18/2014. MRI.

Decision rationale: Magnetic resonance imaging has been advocated for patients with chronic wrist pain, because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. Indications for imaging with MRI include chronic wrist pain; plain films are normal, and suspension of soft tissue tumor or Kienbocks disease. After reviewing the medical records provided, there was no documented acute hand/wrist injury. In accordance with the guidelines, the physical exam findings and suspected diagnosis do not meet the criteria needed for this exam. Therefore, this request is not medically necessary.