MAXIMUS Federal Services

Case Number:	CM14-0073751		
Date Assigned:	07/16/2014	Date of Injury:	07/19/2011
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 23 year old female who had a work related injury on 07/19/11. The mechanism of injury is described as pulling a heavy box out from underneath a desk behind her, not knowing how heavy the box was. The injured worker felt a pop in the left wrist. The initial evaluation included an x-ray, which was normal. She was also prescribed a splint, Ibuprofen, and modified work. A diagnosis of sprain is noted. MRI of the left wrist revealed a triangular fibrocartilage tear and small synovial cyst. She underwent an arthroscopy of her left wrist which included ulnar shortening, tightening of the radius with debridement of the triangular fibrocartilage and complex tear and left ulnar shortening osteotomy. The injured worker reported no relief. An Electromyography (EMG) of the upper extremities following the surgery was normal. She was recommended to have a left cubital tunnel syndrome and underwent the surgery in June of 2012 with no relief. She reports no improvement with the surgeries and actually has had worsening of her symptoms and the onset of new symptoms. She was then recommended to have another surgery and underwent the surgery on 10/18/12. She had a left dorsal radial ulnar ligament reconstruction, which also made no difference in her symptoms. She saw another hand surgeon, EMG/nerve conduction study in June of 2013 was normal. The injured worker presents with chronic left wrist pain. The most recent documentation submitted for review is 05/06/14 she rates her pain as a 6/10 on visual analogue scale (VAS). Cooking and cleaning and both grabbing and lifting items aggravates her left hand. She is not working at this time modified duties are not available. She feels that her pain has been gradually worsening and she is also starting to feel right hand pain. She alternates between hot and cold which does help her bilateral hand pain. She has also been utilizing over the counter Advil. Physical examination of the left wrist reveals tenderness to palpation over the ulnar aspect of the left wrist. There is also a color change and the injured worker is more erythematous at the bilateral hands compared to the forearms. Range

of motion of the left wrist was full with flexion and extension, but decreased by 20% with ulnar and radial deviation. Tinel's sign was negative at the bilateral wrists and elbows. Grip strength was decreased to 4/5 with bilateral hand grip. Left arm flexion and extension was also 4/5 compared to the right upper extremity. Reflexes are 1+ and symmetrical in the upper extremities. Sensation was generally intact to light touch although she does state some mild numbness at the right forearm. Finkelstein was negative at left but positive on the right. Snuff box tenderness was negative bilaterally. MRI of the left wrist dated 09/06/13, on the sagittal examination, there is suggestion of dorsal intercalated segmental instability raising the possibility of a tear of the scapholunate ligament. The intercarpal ligaments are not well-evaluated during this examination. Further evaluation with MRI of the left wrist arthrogram may be considered for further evaluation. Diagnoses are chronic left wrist pain, and possible tear of the scapholunate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthrogram: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Open Orthop J. 2012; 6: 194-198. Published online May 16, 2012. doi: 10.2174/1874325001206010194Wrist MRI Arthrogram v Wrist Arthroscopy: What are we Finding?.

Decision rationale: The request for Left wrist arthrogram is medically necessary. The clinical documentation submitted for review does support the request for MRI of the left wrist dated 09/06/13, on the sagittal examination; there is suggestion of dorsal intercalated segmental instability raising the possibility of a tear of the scapholunate ligament. The intercarpal ligaments are not well-evaluated during this examination. Further evaluation with MRI of the left wrist arthrogram may be considered for further evaluation. Magnetic resonance (MR) arthrogram offers an adequate alternative to arthroscopy due to high sensitivity in detecting intrinsic ligamentous injury. As such, medical necessity has been established. Therefore, the request for MR left wrist arthrogram is medically necessary and appropriate.