

Case Number:	CM14-0092837		
Date Assigned:	07/25/2014	Date of Injury:	07/29/2011
Decision Date:	11/10/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 66 year old male employee with date of injury of 7/29/2011. A review of the medical records indicate that the patient is undergoing treatment for carpal tunnel syndrome, neuropathy in the upper extremity, pain in the forearm and wrist, cervical spondylosis, meniscus tear, unspecified sprain in shoulder and arm, sprain/strain in knee/leg, derangement of medial meniscus, disc disorder. He is s/p right shoulder arthroscopic surgery in 2013. Subjective complaints include continual tingling, numbness, and weakness in bilateral hand and wrist. The patient also complains of throbbing pain to the right shoulder with difficulty reaching overhead and trouble carrying weight. He has bilateral knee pain at the joint. He complains that the joint has throbbing pain left worse than right. He uses a cane for balance. Objective findings include decreased sensation to the medial nerve distribution of both hands; Tinel's sign to the carpal tunnel bilaterally positive; right the volar wrist, previous surgical wound, oversensitive to the light touch; severe localized tenderness location to the FCR tendon nearby the insertion region. Patient had an MRI of the right wrist on 10/18/2011 that proved avascular necrosis (7mm) proximal pole of the lunate and subchondral cysts within the capitate. Patient has an antalgic gait to both lower extremities. X-rays have revealed no sign of degenerative arthritis change in the right wrist. Treatment has included surgical carpal tunnel release of the right wrist joint, PT, Tramadol and Methoderm cream. The utilization review dated 6/9/2014 non-certified the request for MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272. Decision based on Non-MTUS Citation Forearm, wrist and Hand, Magnetic Resonance

Decision rationale: ACOEM states, 'For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: - In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury". ODG states for a wrist MRI "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The treating physician has provided no evidence of red flag diagnosis, new injury or re-injury and has not met the above ODG and ACOEM criteria for an MRI Of the wrist. As such, the request for MRI Right Wrist is not medically necessary.