MAXIMUS Federal Services

Case Number:	CM14-0191234		
Date Assigned:	11/25/2014	Date of Injury:	07/29/2008
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 applicant is a represented [redacted] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of July 29, 2008. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a request for left wrist MR arthrography. The claims administrator stated that its decision was based on an office visit dated September 3, 2014. The claims administrator stated that the applicant had presented with wrist pain, thumb pain, thumb locking and clicking, and swelling about the ulnar styloid. The claims administrator stated that its denial was based on non-MTUS ODG guidelines, which reportedly stated that plain films needed to be performed before MRI imaging. The applicant's attorney subsequently appealed. In a March 5, 2014 progress note, the applicant reported persistent complaints of left thumb triggering and locking as well as pain about the ulnar aspects of the wrist. Tenderness over the distal radioulnar joint was appreciated, along with triggering and locking about the left thumb. The applicant was asked to consider a trigger thumb release surgery on the grounds that an earlier trigger thumb injection had not been altogether successful. A diagnostic MRI imaging of the left wrist was also suggested as a possible consideration. In a medical-legal evaluation dated September 26, 2014, the applicant reported persistent complaints of bilateral hand pain and leg pain. The applicant was apparently waiting for further diagnostic testing of the left hand. The applicant exhibited diminished grip strength about the left hand versus the right. Permanent work restrictions were renewed. Further therapy for the purposes of reinforcing home exercise program was recommended. It was suggested that the applicant's employer might be unable to accommodate suggested limitations. On June 11, 2014, the applicant reported persistent complaints of left wrist and left thumb pain. The applicant exhibited tenderness about the distal ulnar styloid and about the thumb A1 pulley. Both left thumb and left wrist corticosteroid injections were given. It was stated that the attending provider believed that the applicant had a left trigger thumb and might have a left wrist triangular

fibrocartilage tear. The remainder of the file was surveyed. On July 23, 2014, the applicant reported persistent complaints of wrist and thumb pain. MR arthrography of the left wrist was sought to evaluate a possible triangular fibrocartilage tear. It was stated that the applicant had undergone earlier left wrist arthroscopy and might have a residual triangular fibrocartilage tear which would determine the need for further treatment recommendations. The applicant was placed off of work, on total temporary disability. In a September 3, 2014 progress note, the applicant reported persistent complaints of left wrist pain with tenderness over the distal ulna and ulnar styloid evident as well as at the distal radioulnar joint. The attending provider stated that MR arthrography of the left wrist was being performed to rule out the presence or absence of a triangular fibrocartilage tear and that said MRI arthrogram would determine the applicant's need for further wrist arthroscopy surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram for the Left Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment index 11th edition (web) 2014, Forearm, Wrist & Hand (Acute & Chronic), MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: While the MTUS does not specifically address the topic of MR arthrography for triangular fibrocartilage tears, the diagnosis reportedly suspected here, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the usage of arthrography, MRI or CT scans prior to history and physical examination by a qualified specialist is deemed "optional." The Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter notes that either MRI or MR arthrography is recommended to diagnose triangular fibrocartilage tears and further notes that MR arthrography is thought to be superior to noncontrast MRI imaging in diagnosing the same. Here, the applicant has undergone prior wrist surgery, the requesting provider has suggested, and will, furthermore, act on the results of the proposed MR arthrogram and/or consider further wrist surgery based on the outcome of the same, it was explicitly stated. The applicant's presentation, including persistent pain at the distal ulna, ulnar styloid, and radioulnar joint, is consistent with a possible triangular fibrocartilage tear. Obtaining MR arthrography to delineate the presence or absence of the same for preoperative planning purposes is indicated, appropriate, and endorsed by ACOEM. Therefore, the request is medically necessary.