

Case Number:	CM14-0194381		
Date Assigned:	12/02/2014	Date of Injury:	07/05/2007
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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:

This 42 year old female sustained a work related injury on 07/05/2007. The mechanism of injury was not made known. As of an office visit dated 10/28/2014, the injured worker complained of bilateral medial wrist pain and severe burning pain across the bilateral radial wrist over the first dorsal compartment exacerbated with any heavy strenuous use of the hand. She pointed to the bilateral hand median nerve distribution for the focal are of most numbness and tingling. She was experiencing frequent night awakenings despite the use of a protective brace, anti-inflammatory medication and sleeping pills. Driving was difficult for the injured worker because both hands become numb over the median nerve distribution. She also reported dropping objects out of the hand, having difficulty picking up small objects off of the floor and having difficulty buttoning a shirt. Other symptoms included pain, stiffness and swelling throughout the fingers especially in the morning. The right long finger symptoms were most severe with occasional locking throughout the day with painful manual reduction. She reported left ulnar wrist pain exacerbated with any heavy strenuous use of the hand. She pointed to the left ulnar as the focal area of pain, also noted to be exacerbated with any heavy strenuous use. Medication regimen included Norco, Methadone, Ambien and Soma. According to the provider, the injured worker's hands bilaterally did not show any obvious evidence of thenar and first dorsal interosseous muscle atrophies. There was slight swelling of the left first dorsal compartment and early ganglion cyst over the volar radial wrist. There were no other unusual masses or lesions and no dystrophic skin changes. Bilateral Adson and Roos signs were negative. There was no tenderness of the upper medial arms and volar pronator forearm areas. There was no tenderness of the medial and lateral epicondylar area or bilateral cubital tunnel. Tinel and Phalen sign across the bilateral carpal tunnel was positive and none over the Guyon's canal. Moderate tenderness of the bilateral first dorsal compartment especially in the left side was noted. The

Finkelstein's maneuver elicited significant pain and discomfort. There was pain of the bilateral thumb basal joint. The grinding maneuver elicited significant pain although the test itself was negative. Pain and tenderness was present across the bilateral scaphoid and lunate joint area. Watson maneuver elicited severe pain and discomfort the test themselves were negative. There was a 1 cm wide ganglion cyst of the left dorsoradial wrist between the third and fourth dorsal compartment. The cystic mass appeared stuck to the deep underlying dorsoradial joint capsule. It was moderately tender to deep palpation. Axial compression and radial and ulnar deviation of the wrist elicited pain and discomfort on both directions. Resisted pronation and supination also significantly worsened the pain especially on the left wrist but no subluxation of the first dorsal compartment tendons. Some of the physical examination was illegible. Diagnoses included bilateral de Quervain's tendinitis, bilateral carpal tunnel syndrome, left dorsoradial wrist ganglion cyst and left radiocarpal joint strain. The injured worker reported that she was told that she had left radial tunnel syndrome also. Plan of care included obtaining the formal nerve conduction test, MRI of the left wrist, protective short-arm thumb spica brace, continue anti-inflammatory medications and follow up in one week. Nerve conduction velocities of the upper limb dated 11/11/2014 was compatible with a minimal right carpal tunnel syndrome. There was no radiology reports submitted for review. On 11/05/2014 Utilization Review non-certified MRI of the right wrist and MRI of the left wrist that was requested on 10/29/2014. According to the Utilization Review physician the injured worker has had chronic hand and wrist pain bilaterally since 2007 but there was no documentation of x-ray findings. There was no discussion as to why an MRI was being requested prior to x-rays. There was also no history of recent acute trauma that would warrant MRI of the bilateral wrists. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/hand Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone

scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb), as criteria necessary to support the medical necessity of wrist/hand MRI. Within the medical information available for review, there is documentation of diagnoses of Quervain's tendinitis, bilateral carpal tunnel syndrome, left dorsoradial wrist ganglion cyst and left radiocarpal joint strain. In addition, there is documentation of conservative treatment. However, there is no documentation of other imaging (plain films or bone scans) requiring additional information to direct treatment decisions. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right wrist is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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/hand Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb), as criteria necessary to support the medical necessity of wrist/hand MRI. Within the medical information available for review, there is documentation of diagnoses of Quervain's tendinitis, bilateral carpal tunnel syndrome, left dorsoradial wrist ganglion cyst and left radiocarpal joint strain. In addition, there is documentation of conservative treatment. However, there is no documentation of other imaging (plain films or bone scans) requiring additional information to direct treatment decisions. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left wrist is not medically necessary.