

Case Number:	CM14-0206762		
Date Assigned:	12/18/2014	Date of Injury:	02/04/2014
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with an injury date of 02/04/14. Based on the progress report dated 09/15/14, the patient complains of stabbing and throbbing pain in right thumb and right wrist, rated at 3/10, along with loss of sensation and numbness in the right middle finger. The aching right thumb keeps him awake at night. The patient also experiences numbness, tingling and weakness in his entire right hand as well. The pain increases with activity but medications help significantly. As per progress report dated 08/04/14, the patient suffers from dull, aching pain in the right wrist, right thumb, and right hand rated at 2-3/10 without medications and 1/10 with medication. He also complained of loss of sleep due to the pain. Physical examination reveals tenderness to palpation in the metacarpophalangeal joint, right thumb, and right wrist, along with positive Tinel's sign and Phalen's test in the right wrist. The range of motion is limited due to pain in right thumb, right wrist, and right hand. Motor examination, as per progress report dated 05/12/14, reveals reduced hand grip strength. Medications, as per progress report dated 08/04/14, include Anaprox, Tramadol, Soma and Prilosec. The patient has received physical therapy, as per progress report dated 09/15/14. The patient is to remain off work until 09/02/14, as per progress report dated 08/04/14. MRI of the Right Wrist, 10/17/14: Subchondral cyst at the medial aspect of lunate and triquetrum. EMG/NCV of the Right Upper Extremity, 09/15/14: Mild primarily sensory median neuropathy across the wrist. Diagnoses, 08/04/14:- Trigger finger- Wrist sprain and strain carpal tunnel- Carpal tunnel syndrome- Hand sprain and strain- Insomnia- Anxiety- Depression. The treator is requesting for 1 SINGLE POSITIONAL MRI WITHOUT CONTRAST OF THE RIGHT MIDDLE FINGER AND THE RIGHT WRIST. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 05/12/14 - 01/02/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single-Positional MRI without Contrast of the Right Middle Finger and Right Wrist:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61, 97,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (acute & chronic)

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 (Acute & Chronic)', topic 'MRI's (magnetic resonance imaging)'

Decision rationale: The request is for Single-Positional MRI without Contrast of the Right Middle Finger and Right Wrist. ODG Guidelines, chapter 'Forearm, Wrist, & Hand (Acute & Chronic)', topic 'MRI's (magnetic resonance imaging)', state that Magnetic resonance imaging has been advocated for injured workers 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. - Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck'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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. A review of the available progress reports suggests that the patient did not receive prior MRI. The current request was placed on 09/25/14, as per the Request for Authorization form. The patient underwent an MRI of the right hand (instead of right middle finger as requested) and the right wrist on 10/17/14 (after the RFA dated). Hence, this appears to be a retrospective request. While the MRI for the right hand was unremarkable, the MRI for the right wrist revealed subchondral cyst at the medial aspect of lunate and triquetrum. The progress reports did not document any x-ray results. However, the patient suffers from chronic pain in wrist along with loss of sensation and numbness in the right middle finger. ODG guidelines recommend MRIs as they allow "a global examination of the osseous and soft tissue structures" for accurate diagnosis. This request is medically necessary.