

Case Number:	CM14-0033575		
Date Assigned:	07/02/2014	Date of Injury:	09/04/2013
Decision Date:	01/02/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation, 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 09/04/13. Based on 02/20/14 progress report, the patient complains of left wrist pulsating pain that comes and goes. Physical examination of left wrist revealed tenderness to the volar and dorsal aspect of wrist, and left hand numbness over the median nerve distribution. Positive Tinel's and Phalen's signs. Treater requests MRI of left wrist per progress report dated 02/20/14. Diagnostic Studies, (post UR date of 03/04/14):- MRI left wrist 04/02/14: Small subchondral cyst in the distal ulna, no signs of acute traumatic injury per report dated 04/03/14 (post UR date of 03/04/14) - Electromyogram (EMG)/nerve conduction velocity (NCV) 03/24/14: normal per 06/12/14 report from [REDACTED] (post UR date of 03/04/14). - Radiographic study in 09/04/13: tendonitis per 06/12/14 progress report (post UR date of 03/04/14). Diagnosis 02/20/14- Left wrist sprain/strain with tendinitis- Left wrist carpal tunnel syndromeThe request is for MRI ON LEST WRIST. The utilization review determination being challenged is dated 03/04/14. The rationale is "...The request as written is not medically reasonable and necessary....The presented documentation does not indicate the medical necessity of the request." Treatment reports are provided from 01/23/14 to 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lest Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging-Magnetic Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, & Hand (Acute & Chronic) Chapter: MRI's (magnetic resonance imaging)

Decision rationale: The patient presents with left wrist pulsating pain that comes and goes. The request is for MRI OF LEFT WRIST. Physical examination of left wrist on 02/20/14 revealed tenderness to the volar and dorsal aspect of wrist, and left hand numbness over the median nerve distribution. Positive Tinel's and Phalen's signs. It would appear that an MRI was obtained without prior authorization. Regarding MRI of wrist for chronic pain, ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter: "MRI's (magnetic resonance imaging): 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 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. (Mays, 2008)"Treater does not discuss reason for the request. Patient's diagnosis dated 02/20/14 included left wrist sprain/strain with tendinitis and left wrist carpal tunnel syndrome. Review of medical records do not indicate patient has had MRI of the left wrist done previously and the treater went ahead and obtained a set of MRI. In this case, there is no description of acute trauma with suspicion for fracture or other conditions. The patient has chronic wrist pain and there is no suspicion for soft tissue tumor, Kienbock's disease or ligament injury to consider an MRI. Examination only showed tenderness. Recommendation is for denial.