

Case Number:	CM15-0001658		
Date Assigned:	01/12/2015	Date of Injury:	05/13/2014
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female with an injury date of 05/13/14. As per progress report dated 12/11/14, the patient complains of pain in the right wrist that goes up into forearm and shoulder. The pain is primarily in the dorsal wrist. Physical examination reveals tenderness to palpation over mid wrist and into scaphoid. There is tenderness over lateral elbow and forearm bulk and shoulder girdle. Wrist flexion and extension are mildly guarded. The patient's pain is rated at 8/10, as per occupational therapy report dated 11/05/14. The report states that the pain in the dorsal wrist radiates to the neck, and the wrist pain also leads to tingling in the forearm. The patient wears a splint at all times, as per progress report dated 12/11/14. She has completed 5 sessions of occupational therapy without benefit, and she is not benefiting from Ibuprofen as well. The patient is starting a trial of Naprosyn, as per the same progress report. The patient has been allowed to return to modified work, as per progress report dated 12/11/14. Diagnoses, 12/11/14:- Right wrist sprain- Ganglion cyst The utilization review determination being challenged is dated 12/22/14. Treatment reports were provided from 11/05/14 - 12/11/14.

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 with Arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, forearm, wrist & hand, MRI's

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

Decision rationale: The patient presents with pain in the dorsal side of the right wrist that goes up to her forearm and shoulder, as per progress report dated 12/11/14. The request is for MRI OF THE RIGHT WRIST WITH ARTHROGRAM. The range of motion of the wrist is mildly guarded and the ulnar carpal loading is positive for pain. The patient has tried occupational therapy, wrist brace, ibuprofen, icing and activity modification without significant benefit. As per occupational therapy report dated 11/05/14, the pain is rated at 8/10. The report states that the pain in the dorsal wrist radiates to the neck. The wrist pain also leads to tingling in the forearm. The patient has been allowed to return to modified work, as per progress report dated 12/11/14. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) Magnetic resonance imaging has been advocated for patients 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 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. (Mays, 2008). Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, only one physician progress report and five occupational therapy reports were provided for review. None of these reports document prior MRI of the wrist. The x-ray of the wrist is negative for fracture, as per progress report dated 12/11/14. In the same report, the treater states that she is failing conservative management. I will need an MRI of the wrist with arthrogram to clarify the patient's diagnosis, provide objective evidence of injury, and to evaluate the anatomy prior to the consideration for surgical consult and surgical options. ODG guidelines allow for MRI of the wrist as the imaging study enables clinicians to perform a global examination of the osseous and soft tissue structures. Given the patient's chronic pain, such an examination appears reasonable for further care. Hence, this request IS medically necessary.