

Case Number:	CM15-0002403		
Date Assigned:	01/13/2015	Date of Injury:	02/14/2014
Decision Date:	04/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 30-year-old woman sustained an industrial injury on 2/14/2014 while she was carrying a 200-pound bucket of chicken with a co-worker and suddenly felt a pop and pain in the right wrist. Current diagnoses include right hand wrist derangement and status post right carpal tunnel release. Evaluations include EMG/NCV, x-ray and CT scan. Treatment has included oral medications 12 sessions of physical therapy, two cortisone injections to the right wrist, and surgical intervention. Physician notes dated 11/26/2014 show complaints of right wrist pain with weakness, numbness, giving way, and swelling. Recommendations include prescription of Tramadol, Naproxen, Ondasetron, and Pantopraxole; MRI of the right hand and EMG/NCV of the upper extremity; and the operative report for review. No rationale is given for the radiological examinations. On 12/26/2014, Utilization Review evaluated a prescription for MRI of the hand and wrist, that was submitted on 1/5/2015. The UR physician noted there is no documentation of acute relapse, repeat trauma, infection, or neurovascular compromise. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to 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 right hand/wrist: Upheld

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

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 and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right hand/wrist is not medically necessary. While criteria for which patients may benefit from the addition of magnetic resonance imaging have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. MRIs have been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intra-osseous ligament tears, occult fractures, avascular necrosis and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate treatment can be performed along with the diagnosis. The indications for MRI imaging are enumerated in the Official Disability Guidelines. They include, but are not limited to, acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; suspect acute scaphoid fracture; chronic wrist pain, plain films normal, suspect soft tissue tumor, suspect Kienbock's disease. See guidelines for additional details. The MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are right hand-wrist derangement; and status post right carpal tunnel release surgery 8/2014. Subjectively, the injured worker complains of constant right wrist pain. Pain is described as sharp, throbbing, burning, numbness, tingling, cramping and shooting character. Pain VAS scale is 6/10 when resting and 8/10 with activities. Objectively, right wrist has a surgical scar overlying the carpal tunnel surgical site. There was tenderness and swelling over the palmar aspect. Phalen's sign was positive at the median nerve manual muscle testing was 4/5 strength with dorsi flexion, palmar flexion, radial deviation and ulnar deviation. The treating physician requested an MRI of the right wrist/hand and EMG/NCV of the upper extremity. The treating physician, however, did not provide a clinical indication or rationale for the MRI wrist/hand. MRIs may be indicated when there is a high clinical suspicion of fracture despite normal radiographs. There was no evidence triangular fibrocartilage and intra-osseous ligament tears, occult fractures, or avascular necrosis. Consequently, absent clinical documentation with a clinical indication and rationale for an MRI right hand/wrist, MRI right hand/wrist is not medically necessary.