

Case Number:	CM15-0102745		
Date Assigned:	06/05/2015	Date of Injury:	03/01/2013
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 57 year old female who reported an industrial injury on 3/1/2013. Her diagnoses, and/or impressions, are noted to include: right de Quervain's tenosynovitis, status-post de Quervain's release surgery (2/4/14); clinical evidence of complex regional pain syndrome, localized post-operatively; mild, right carpal tunnel syndrome, symptomatic; status-post opiate agreement on 11/5/2015; chronic pain; right wrist, hand and forearm pain; and reaction to Ultram with urinary retention and blurry vision - resolved with discontinuation. Recent x-rays of the right hand/wrist are noted done on 11/10/2014; electrodiagnostic studies of the bilateral upper extremities are noted on 11/10/2014; and no imaging studies are noted. Her treatments have included surgery; block injection therapy; medication management; and rest from work. The progress notes of 4/8/2015 noted complaints of worsening, severe, radiating right wrist pain which radiated into her arm/elbow/hand and fingers, associated with burning/swelling/tingling/warmth/ weakness/ tenderness and numbness and giving-way; she stated symptoms were aggravated by activity and improved by heat/ice therapy, elevating the extremity, limiting activities, and medications. Objective findings were noted to include a noted thumb Spica splint on the right; exquisite tenderness at the dorsum of the thumb and hand around the healed incision; and no gross muscle weakness. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the right wrist to rule-out any significant internal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right Wrist, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand - MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: The ACOEM Guidelines strongly support the use of MRI when there is a concern for infection involving this area of the body and mildly strongly support its use when there is a concern for carpal tunnel syndrome. A MRI is not recommended for any other conditions involving forearm, wrist, and/or hand complaints. When a broken scaphoid (wrist bone) is suspected, the Guidelines recommend repeating the x-rays seven to ten days after the symptoms began. A limited bone scan can be used if x-rays are not helpful and the suspicious findings continue. The submitted and reviewed records indicated the worker was experiencing right wrist pain. These records concluded the worker had carpal tunnel syndrome. There was no documentation describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the right wrist without contrast is not medically necessary.