

Case Number:	CM15-0135478		
Date Assigned:	07/16/2015	Date of Injury:	07/17/2013
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of July 17, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for an MR arthrogram of the right rib. The claims administrator referenced an office visit of June 11, 2015 and an associated RFA form of June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported continued pain about the right wrist status post earlier wrist surgery. The applicant felt that she had plateaued despite receipt of physical therapy performed and home exercises. The applicant also reported some paresthesias about the wrist. The applicant was status post an earlier wrist arthroscopy, ulnar debridement, TFCC repair procedure on September 4, 2014, it was reported. The applicant was given refills of Lidoderm patches, Motrin, and Prilosec. The applicant was asked to follow up with an orthopedist to address ongoing complaints of hand and wrist pain. It was suggested that the applicant could consider a functional restoration program at a later point in time. At the bottom of the report, it was stated that the applicant was using Motrin, Lidoderm, Prilosec, and Feldene. On July 6, 2015, the applicant presented with heightened wrist pain complaints status post earlier wrist TFCC surgery. The applicant was off of work, on total temporary disability, it was acknowledged in the social history section of the note. The treating provider stated that the applicant's orthopedic hand surgeon had recommended wrist MRI, noting heightened complaints of wrist pain status post earlier failed wrist arthroscopy and TFCC repair surgery. The applicant

exhibited weakness about the right wrist on exam, it was reported. The request for a right wrist MRI was reiterated while multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., pg 704: MR ARTHROGRAPHY AND MRI.

Decision rationale: Yes, the proposed MR arthrogram of the right wrist was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address indications for MR arthrography of the wrist, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does note that the usage of MRI or arthrography prior to history and physical examination by qualified specialist is deemed optional. The Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter notes that MR arthrography, the imaging modality at issue, is recommended to diagnose triangular fibrocartilage tears, as was suspected here. The Third Edition ACOEM Guidelines also notes that traditional arthrography without MRI has been replaced by MR arthrography and that MR arthrography, furthermore, is thought to be superior to conventional MRI imaging in diagnosing triangular fibrocartilage tears. Here, the applicant had a history of a triangular fibrocartilage tear status post earlier failed surgery involving the same, it was reported. The applicant's hand surgeon had apparently endorsed repeat MRI imaging owing to the applicant's failure to progress postoperatively, despite receipt of analgesic medications and postoperative physical therapy/occupational therapy. Moving forward with repeat MRI imaging was, thus, indicated to delineate the source of the applicant's ongoing wrist pain complaints status post earlier failed wrist surgery. Therefore, the request was medically necessary.