

Case Number:	CM15-0141677		
Date Assigned:	07/31/2015	Date of Injury:	07/22/2014
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 (IW) is a 32-year-old female who sustained an industrial cumulative injury to the left wrist on 07/22/2014 as a server carrying heavy trays overhead. The injured worker was diagnosed with derangement of the left wrist, extensor strain, and De Quervain's tenosynovitis. Treatment to date has included diagnostic testing with electrodiagnostic studies in February 2015, conservative measures, occupational therapy, and acupuncture therapy (6 sessions), wrist brace, home exercise program, and medications. According to the primary treating physician's progress report on 5/22/2015, the injured worker continues to experience left wrist pain radiating to the left forearm rated at 5 out of 10 on the pain scale. Examination demonstrated tenderness to palpation of the dorsal aspect of the left wrist with full range of motion and sensation. Motor strength was documented at 4 out of 5 with a positive Finklestein's test. Left elbow was non-tender with full range of motion. Current medication is noted as ibuprofen. Treatment plan consists of continuing medications as prescribed, regular activity, follow-up appointment, and the current request for a left wrist magnetic resonance imaging (MRI). On 6/22/2015, Utilization Review non-certified the request for MRI without contrast of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, left wrist: Overturned

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 and Hand Chapter.

MAXIMUS 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 (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, special studies for the forearm, wrist, and hand are not needed, unless there are red flags, or until after a four- to six-week period of conservative care with observation. Based on the available treating physician's notes for the injured worker, there are no red flags present, but her pain and exam findings have persisted greater than six weeks. She has undergone a course of physical medicine and acupuncture for her left wrist symptoms. Additional guidelines from the ODG state that MRI has been advocated for IWs with chronic wrist pain and it may be diagnostic in patients with triangular fibro cartilage (TFC) injuries. Although there is no concern for a TFC injury or Kienbock's disease in this case, there is concern for a deep soft tissue tumor (e.g. ganglion cyst) per the orthopedic surgery evaluation on 5/7/2015. Therefore, the request for MRI left wrist is medically necessary and appropriate based on the medical documentation.