

Case Number:	CM15-0142505		
Date Assigned:	08/03/2015	Date of Injury:	05/31/2014
Decision Date:	09/03/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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, California

Certification(s)/Specialty: 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 is a 34 year old male, who sustained an industrial injury on May 31, 2014, incurring left wrist injuries from repetitive motions. Magnetic Resonance Imaging of the left wrist revealed osteoarthritis, bone ganglion cyst, tenosynovitis, and capsulitis of the wrist on 1/13/15. Treatment included anti-inflammatory drugs, pain medications, physical therapy, occupational therapy, acupuncture, and activity restrictions. Currently, on 4/6/15 the injured worker complained of persistent left wrist pain, difficulty lifting heavy objects, decreased range of motion of the wrist and left little finger pain. As per the records, MRI of left wrist or its report which was done on 1/13/15 was not available at the time of the office visit dated 4/6/15. The patient has had positive Tinel sign and 4/5 strength. The treatment plan that was requested for authorization included Magnetic Resonance Imaging Arthrogram triple compartment of the left wrist. The medication list includes Zanaflex, Flexeril, Voltaren and Naproxen. The patient's surgical history include hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram triple compartment left wrist: Upheld

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

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 (updated 06/29/15) MRIs (magnetic resonance imaging).

Decision rationale: Request MRI Arthrogram triple compartment left wrist. Per cited ACOEM guidelines, if symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders. ACOEM guidelines don't address this issue completely hence ODG guidelines are used. Per cited guidelines, Indications for imaging Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) Chronic wrist pain, plain films normal, suspect soft tissue tumor Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Magnetic Resonance Imaging of the left wrist revealed osteoarthritis, bone ganglion cyst, tenosynovitis, and capsulitis of the wrist on 1/13/15. As per the records, MRI of left wrist or its report which was done on 1/13/15, was not available at the time of the office visit dated 4/6/15, when the MRI arthrogram of the wrist was requested. As per cited guideline Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Any significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for MRI Arthrogram triple compartment left wrist is not fully established for this patient.