

Case Number:	CM15-0143200		
Date Assigned:	08/04/2015	Date of Injury:	01/09/2015
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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, North Carolina
 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 39 year old female, who sustained an industrial injury on 1-9-15 Initial complaint was of trauma to the right wrist-thumb. The injured worker was diagnosed as having right wrist sprain-strain unspecified; thumb sprain; arthropathy unspecified hand. Treatment to date has included physical therapy and medications. Diagnostics studies included MRI right wrist without contrast (3-9-15). Currently, the PR-2 notes dated 7-6-15 indicated the injured worker reports feeling worse than last visit. Following last visit, she has engaged in a planned increase in activities including animal handling and handwriting. She has since noticed a dramatic increase in pain to the point that she was almost in tears at work and had to stop working. She described the pain as a throbbing burning pain in the ulnar wrist that radiates over the whole hand and up the ulnar forearm. She gets spasms in the hand and reports the pain intensity as 6 over 10. The provider documents she has no evidence of infection, no palp collections and tender lunate greater than ulnotriquetral joint. There is no percussion tenderness. There is tender lunotriquetral shuck and a positive Nelson triquetral lift sign. Physical assessment is documented by the provider noting the injured worker reports worsening hand pain after increase manual activities. Suspect lunotriquetral ligament injury superimposed upon the lunate contusion (both at the time of the original injury). He is requesting a MRI arthrogram (He notes "the previous MRI scan showed lunate contusion but did not visualize the LT ligament adequately.") The MRI of the right wrist dated 3-9-15 was submitted and the impression reveals "Minimal subcortical edema in the radial side of the right lunate, which is compatible with a minimal bone bruise. A normal MRI of the right basal joint and the ligaments of the right basal

joint are intact." In terms of work restrictions, she is already limiting hand use; limiting typing to only what she needs to and has stopped handwriting. Therefore, the options are to take her off work completely or to have her use Dragon natural Speaking voice recognition software. The provider is requesting authorization of MRI (magnetic resonance imaging) Arthrogram, Right Wrist, outpatient and Dragon Naturally Speaking Medical voice recognition software (rental/length of time or purchase not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Arthrogram, Right Wrist, outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270.

Decision rationale: The patient injured her right wrist and thumb on 01/09/2015 and was diagnosed with a right wrist/thumb sprain. MR arthrogram was negative except for a bone bruise of the lunate. All ligaments were intact and normal in appearance. On a 2/20/2015, the patient still complained of pain at the radial aspect of the wrist, consistent with her original injury. More recently, the pain appears to have shifted to the ulnar aspect of the wrist; however, no explanation for this has been given. The most recent visit available (July) shows that the patient is improving with conservative measures. Therefore, she appears to be healing from the bone bruise and the request for a repeat MR arthrogram to get a better look at the LT ligament is not medically necessary or appropriate.

Dragon Naturally Speaking Medical voice recognition software (rental/length of time or purchase not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5-11.

Decision rationale: ACOEM Guidelines support workstation modification, adjustments to work stations, task and tools modified to accommodate an individual worker's size and physical requirements. In this case, the request is for voice recognition technology (Dragon Speak) in order to perform the writing and typing component of her duties. A July 14, 2015, visit reported that her wrist symptoms were "better," and she is able to work with modified duty including using her right hand as tolerated and wearing a splint. The patient appears to be making progress from her bone bruise and should be expected to continue to improve and have her restrictions decreased. Therefore, the request for voice recognition technology is not medically necessary.