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| Case Number: | CM15-0180843 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 12/04/2014 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female, who sustained an industrial injury on 12-4-2014. Medical records indicate the worker is undergoing treatment for right rotator cuff tendinitis impingement syndrome, left rotator cuff tendinitis syndrome, status post bilateral carpal tunnel release and bilateral recurrent carpal tunnel syndrome with DeQuervain's tenosynovitis. A recent progress report dated 8-4-2015, reported the injured worker reported improvement of issues with neck and right upper extremity, but remained symptomatic. Physical examination revealed satisfactory cervical range of motion with no tenderness, bilateral shoulder tenderness, mild acromioclavicular and bicipital tenderness and positive impingement sign, bilateral elbows were within normal limits and bilateral hand healed carpal tunnel release scars with tenderness at the flexor-extensor compartment, carpal canal and first dorsal compartment. Electromyography (EMG) of the bilateral upper extremities showed mild to moderate neuropathy of both median nerves. Treatment to date has included physical therapy and medication management. The physician is requesting left wrist magnetic resonance imaging. On 8-17-2015, the Utilization Review noncertified the request for left wrist magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging).

Decision rationale: The patient presents on 08/04/15 with unspecified complaints. The patient's date of injury is 12/04/14. Patient is status post bilateral carpal tunnel release. The request is for MRI OF THE LEFT WRIST. The RFA is dated 08/04/15. Physical examination dated 08/04/15 reveals tenderness to palpation over the flexor/extensor compartments, carpal canals, and first dorsal compartments in the bilateral wrists. The provider notes mild tenderness over the triangular fibrocartilage, positive Phalen's sign in the median nerve, and positive Finkelsteins sign in the left wrist. Neurological examination reveals diminished sensation in the median nerve distributions bilaterally. The patient's current medication regimen is not provided. Patient is currently advised to return to work with modifications. Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In regard to the MRI of this patient's left wrist, the request is appropriate. There is no documentation that this patient has had an MRI of the left wrist to date. The progress notes provided document persistent and worsening stiffness, pain, and loss of function in the bilateral wrists and shoulders. Utilization review did not provide a rationale for the denial of the requested imaging. Given this patient's surgical history, the progressive loss of function and increased pain, the requesting provider is justified in seeking more accurate imaging of the wrist better guide this patient's course of care. Therefore, the request is medically necessary.