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| Case Number: | CM15-0183578 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 06/17/2015 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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:

This 55 year old female sustained an industrial injury on 6-17-15. Documentation indicated that the injured worker was receiving treatment for a right shoulder injury and right wrist pain. Previous treatment included physical therapy, modified work duty and medications. Magnetic resonance imaging right shoulder (8-17-15) showed tendinosis and peritendinitis in the supraspinatus and infraspinatus tendons with a partial thickness tear in the supraspinatus tendon and acromial joint arthropathy with bursitis. In a progress note dated 8-3-15, injured worker complained of ongoing "moderately severe" right hand and wrist pain associated with swelling. Physical exam was remarkable for right wrist without evidence of redness, discoloration, bruising, swelling or deformities with intact sensation to light touch and pinprick in the right upper extremity. The treatment plan included continuing medications (Tylenol, Cyclobenzaprine and Nabumetone), continuing physical therapy, magnetic resonance imaging right shoulder due to 47 days of persistent right shoulder sprain and right hand pain and swelling. In a progress note dated 8-24-15, the injured worker complained of continuing right wrist pain. Physical exam was remarkable for right wrist with tenderness to palpation at the flexor and extensor surface, 5 out of 5 motor strength, no crepitus on exam and full range of motion. The physician noted that the right wrist was "stable". The treatment plan included magnetic resonance imaging right wrist due to ongoing pain, orthopedic evaluation for the right shoulder, medications (Tylenol and Nabumetone) and acupuncture. On 9-1-15, Utilization Review noncertified a request for magnetic resonance imaging right wrist without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist without contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Chapter, under MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with RIGHT wrist pain. The request is for MRI OF THE RIGHT WRIST WITHOUT CONTRAST. The request for authorization is dated 08/24/15. Physical examination of the RIGHT wrist reveals flexor surface of the RIGHT wrist is tender to palpation. The extensor surface of the RIGHT wrist is tender. Pain in the wrist with motion. Wrist motion is restricted. Patient has had 6 visits of physical therapy. Patient's medications include Tylenol, Cyclobenzaprine, and Nabumetone. Per progress report dated 08/24/15, the patient is on modified duty. ODG Guidelines, Forearm, Wrist, Hand Chapter, under MRI's (Magnetic Resonance Imaging) Section states, "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." 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) Per progress report dated 08/24/15, treater's reason for the request is "due to chronic pain, lack of ulnar deviation." In this case, patient's diagnosis includes tenosynovitis and continues with RIGHT wrist pain. Given the patient's symptoms and physical examination findings, ODG guidelines advocates the use of MRI imaging to perform a global examination. Review of provided medical records show no evidence of a prior MRI of the RIGHT wrist. This request appears reasonable and within guidelines indication. Therefore, the request IS medically necessary.