

Case Number:	CM15-0183583		
Date Assigned:	09/24/2015	Date of Injury:	01/14/2014
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
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:

The injured worker is a 31 year old male, who sustained an industrial injury on 1-14-2014. Medical records indicate the worker is undergoing treatment for carpal tunnel syndrome, pain in joint-hand and pain in limb. A recent progress report dated 8-14-2015, reported the injured worker complained of severe bilateral wrist pain, right worse than left. Physical examination revealed right wrist ventral tenderness, right wrist guarding and parasthesias noted with right carpal compression maneuvers. Right wrist magnetic resonance imaging from 7-20-2015, was suspicious for a triangular fibrocartilage tear and a cyst at the scaphoid-trapezium joint. Treatment to date has included left wrist surgery, physical therapy, Tramadol, Ibuprofen and Norco. He was released to work with restrictions. The physician is requesting MR arthrogram of right wrist. On 8-25-2015, the Utilization Review noncertified a request for a MR arthrogram of right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Forearm, Wrist, and Hand (updated 6/29/15) MRI's.

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 (Acute & Chronic) chapter, under MRI's (magnetic resonance imaging).

Decision rationale: Based on the 8/20/15 progress report provided by the treating physician, this patient presents with constant, throbbing/stabbing neck pain, upper back pain that radiates into the bilateral upper extremities, left > right, with numbness/tingling to the bilateral wrists, left > wrist, and to left fingers #2-4 and right fingers #1-4 with occasional headaches to right temple. The treater has asked for MR arthrogram of right wrist on 8/20/15. The patient's diagnoses per request for authorization dated 8/19/15 are carpal tunnel syndrome, pain in joint hand, pain in limb, epicondylitis medial, syndrome cervicobrachial, cervical disc displacement without myelopathy, and long term use meds nec. The patient is s/p left carpal tunnel release from 1/5/15 per 7/20/15 report. The patient is currently taking Norco, Tramadol, Ibuprofen, and is using ice therapy, which is helpful for pain control per 8/20/15 report. The patient has difficulty sleeping due to pain, and has difficulty defecating per 8/20/15 report. The patient's neck pain and left arm pain with numbness/weakness is worsening per 6/25/15 report. The patient has compensatory right wrist/hand pain, which is increasing in severity per 7/7/15 report. The patient's work status is currently unemployed, and is receiving benefits from WC insurance per 8/20/15 report. ODG- TWC, Forearm, Wrist, & Hand (Acute & Chronic) chapter, under MRI's (magnetic resonance imaging) states: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. 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 Kienbeck'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) In regard to the MR arthrogram of this patient's right wrist, the request is retrospective from DOS 7/20/15. The patient is s/p left carpal tunnel release from 1/5/15 and subsequent compensatory right wrist pain, which was first noted in 7/7/15 report. The 7/7/15 physical exam states there was full range of motion of right

wrist, with tenderness to palpation of right ventral wrist, paresthesias noted with right carpal compression maneuvers and positive Tinel's sign on right. The treater first requested the right wrist MRI on 7/7/15 report "given his ongoing right wrist pain, to further evaluate these symptoms." In utilization review letter appeal dated 8/13/15, the treater "did feel that the patient required right wrist MRI given the worsening of his [right wrist] pain, given the neuropathic findings in this patient and failure of conservative management-an MRI scan was more appropriate than an X-ray." Per review of reports, there is no documentation that this patient has had an MRI or MRI with arthrogram of the right wrist prior to 7/20/15. In this case, the patient has compensatory right wrist pain and physical exam findings, which show possible neuropathy, but no other abnormal findings, nor any suspicion of a soft tissue tumor. There is no evidence of acute wrist pain from trauma, and no documentation the treater is suspecting a fracture, gamekeeper injury, or other ligament injury. The request for a retrospective MRI of the right wrist is not in accordance with ODG guidelines. Therefore, the request IS NOT medically necessary.