

Case Number:	CM15-0184976		
Date Assigned:	09/25/2015	Date of Injury:	04/09/2013
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 04-09-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, headaches, hepatitis B, right shoulder strain, right elbow lateral epicondylitis, right wrist sprain and right carpal tunnel syndrome. Medical records (03-18-2015 to 08-27-2015) indicate ongoing and worsening right wrist, right arm, and right shoulder pain. Pain levels were 0 out of 10 on a visual analog scale (VAS). The pain was reported to be caused by household activities. Additional complaints included numbness and tingling in the right hand, and nocturnal pain. Records also indicate worsening activity levels and ability to function with use of the right upper extremity. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the right wrist and hand, dated 08-27-2015, revealed retrograde pain with Tinel's and Phalen's testing on the right, and decreased sensation in the right thumb, index and middle fingers. There were no changes from the previous exam dated 07-21-2015. Relevant treatments have included right carpal tunnel release, right lateral epicondylectomy, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that x-rays of the right wrist and hand (no date) showing a ulnar styloid fibrous union; and electrodiagnostic and nerve conduction testing (08-04-2015) showed evidence of mild right wrist median sensory neuropathy. The progress report (request for authorization not available, dated 08-27-2015, shows that the following test was requested: MRI of the right wrist. The original utilization review (09-14-2015) non-certified the request for MRI of the right wrist.

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: Upheld

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) Wrist, under MRI.

Decision rationale: This claimant was injured in 2013 with right wrist sprain. There is worsening pain and ability in the right wrist. X-rays showed an ulnar styloid fibrous union and there was electrodiagnostic evidence of mild right wrist median sensory neuropathy. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding MRI of the wrist, the ODG notes: 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) 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 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) In this case, the plain films were not normal, and also, there was no suspicion of soft tissue tumor suspicion, or Kienbock's disease. The request is appropriately non-certified, as criteria are not met. Therefore, the requested treatment is not medically necessary.