

Case Number:	CM15-0187466		
Date Assigned:	09/29/2015	Date of Injury:	01/09/2013
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on 1-9-13. She reported hand and wrist pain. The injured worker was diagnosed as having right wrist triangular fibrocartilage complex tear and mild chronic regional pain syndrome. Treatment to date has included 8 physical therapy sessions and medication including Celexa, Xanax, Tylenol, and Ibuprofen. Physical examination findings on 9-4-15 included complaints of right hand tingling. Tinel's test was negative and Phalen's test was negative. An x-ray of the right wrist obtained on 9-4-15 revealed no fractures, no soft tissue swelling, and no dislocation. On 9-4-15, the injured worker complained of wrist pain radiating to the right hand, elbow, shoulder, armpit, right neck, and the right upper back and mid back. On 9-4-15 the treating physician requested authorization for a MR arthrogram of the right wrist and Gabapentin. On 9-15-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1240789-overview>.

Decision rationale: MR arthrogram right wrist is not medically necessary for the MTUS Guidelines and the ODG. The MTUS states that for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture; an acute injury to the metacarpophalangeal joint of the thumb; gamekeeper thumb or rupture of the ligament at that location. If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The ODG states that an MRI 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. The documentation of a patient with complaints of tingling in the right neck, upper back, shoulder, elbow and hand are not consistent with a TFCC. An arthrogram is an invasive procedure and without clear indications in the documentation of a TFCC tear on physical exam this request is not medically necessary.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptic's such as Gabapentin there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The request does not specify a quantity or dosage of this medication therefore this request is not medically necessary.