

Case Number:	CM15-0188014		
Date Assigned:	10/09/2015	Date of Injury:	08/15/2007
Decision Date:	11/24/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii

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 is a 43 year old female who sustained a work-related injury on 8-15-07. Medical record documentation on 7-28-15 revealed the injured worker was being treated for left wrist carpal sprain-strain, left carpal tunnel syndrome, left wrist neuralgia, left wrist pain, left wrist sprain-strain, and status post left wrist surgery. She reported constant left wrist numbness with tingling and weakness. Her symptoms were aggravated by repetitive movement such as grabbing, grasping, gripping, squeezing, pushing and pulling. Objective findings included a left wrist range of motion of flexion to 50 degrees, extension to 50 degrees, radiation deviation to 20 degrees and ulnar deviation to 30 de. She had tenderness to palpation of the dorsal wrist, lateral wrist, media wrist and volar wrist. Phalen's and Tinel's tests were positive. She had at least four sessions of hand therapy 5-7-15 to 6-15-15. A request for MR Arthrogram to the left wrist was received on 8-7-15. On 8-25-15, the Utilization Review physician determined MR Arthrogram to the left wrist was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram to the left wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Wrist and Forearm Chapter, Carpal tunnel syndrome. MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Wrist Chapter, Arthrography.

Decision rationale: The records indicate the patient has persistent pain in the left hand, along with stiffness and difficulty bending the index finger. The current request is for MR Arthrogram to the left wrist. The progress report dated 7/28/15 (31B), requests an MR arthrogram to rule out internal derangement. According to the ODG, direct MRI arthrographic imaging is well suited for detecting intra-articular lesions of the wrist. The presented diagnostic results of MR arthrography are superior to the results of unenhanced MRI reported in the literature. Direct MR arthrography as a reliable diagnostic tool is strongly recommended if lesions of the scapholunate ligament and the triangular fibrocartilage complex are suspected. In contrast, an attitude of caution must be adopted in diagnosing lesions of the articular cartilage of the wrist. In this case, the patient presents with history left carpal tunnel release surgery. He has ongoing pain and stiffness in the hand, and difficulty bending the index finger. The patient has been diagnosed ongoing carpal tunnel syndrome and suspicion of left wrist tear of the triangular fibrocartilage complex (TFCC). The medical history, ongoing complaints and physical examination establishes medical necessity for an MR arthrogram of the left wrist to rule out suspected TFCC. The current request is medically necessary.