

Case Number:	CM15-0191527		
Date Assigned:	10/05/2015	Date of Injury:	07/21/2014
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on 7-21-14. He reported left hand and thumb pain. The injured worker was diagnosed as having left wrist sprain or strain, irregularity and volar flexion deformity of the scaphoid, scaphoid angle increased to 80 degrees, and rule out carpal tunnel syndrome and ligamentous tears. Treatment to date has included 20 physical therapy sessions, 10 acupuncture sessions, and medication including Naproxen and Gabapentin. Physical examination findings on 8-19-15 included decreased left wrist range of motion with positive Tinel's sign, Phalen's sign, and Prayer test. Pain and tenderness was noted over the first dorsal compartment. On 8-9-15, the injured worker complained of intermittent left wrist pain and stiffness with numbness tingling, and grip weakness. On 8-19-15, the treating physician requested authorization for a MRI of the left wrist. On 9-3-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left 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) Forearm, wrist, and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left wrist is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseus ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnoses are left wrist sprain strain, irregularity and volar flexion deformity of the scaphoid rule out carpal tunnel syndrome and ligament tear; and left thumb sprain strain, ulnar collateral ligament instability and laxity. Date of injury is July 21, 2014. Request for authorization is September 3, 2015. According to a progress note dated August 18, 2015, the injured worker sustained trauma to the left-hand. 20 physical therapy sessions and 10 acupuncture sessions were provided with continued pain. The injured worker now has left wrist pain. The treating provider is requesting electrodiagnostic studies and an MRI to rule out carpal tunnel syndrome and ligamentous tears. Objectively, there is a positive Phalen's and Tinel's sign. X-rays showed an irregularity and flexion deformity of the scaphoid. The electrodiagnostic studies should be performed prior to an MRI evaluation of the wrist to rule out carpal tunnel syndrome. The electrodiagnostic studies were approved (according to the utilization review), but not yet performed. Based on clinical information in the medical record, peer-reviewed evidence- based guidelines, a positive Phalen's and Tinel's sign and electrodiagnostic studies that have been approved but not performed, MRI of the left wrist is not medically necessary.