

Case Number:	CM15-0199731		
Date Assigned:	10/14/2015	Date of Injury:	10/05/2011
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury October 5, 2011. Past treatment included chiropractic therapy and acupuncture. Diagnoses are lumbar spine herniated nucleus pulposus, 3.3mm; both knee meniscal tear; both wrist carpal tunnel syndrome; myospasm. According to a primary treating physician's progress report dated September 17, 2015, the injured worker presented with complaints of low back pain, rated 7 out of 10, left knee pain, rated 5 out of 10, right knee pain, rated 8 out of 10, and bilateral wrist pain, rated 5-7 out of 10. Objective findings included; tenderness to the lumbar spine with decreased range of motion and spasm; tenderness to the bilateral knees with decreased range of motion on the right and end range of motion pain on the left; tenderness to bilateral wrist, end range of motion pain, positive Phalen's bilaterally, weakness to the right thumb. Treatment plan included recommendations for chiropractic therapy, psych evaluation, urine for toxicology, x-rays and MRI's. At issue, is a request for authorization dated September 18, 2015, for an MRI of the right wrist. According to utilization review dated September 25, 2015, the request for an MRI of the right wrist is 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 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 (ODG) 2015 forearm, wrist and hand update 6/29/2015 Indications for imaging- Magnetic resonance imaging (MRI).

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/MRI.

Decision rationale: The ODG criteria for MRI of the wrist or hand is as follows: 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. According to the progress note of 9/17/2015, "update of MRI studies to access current underlying pathology" is planned. It is reported that there is tenderness at the wrist, pain at end range of motion, positive phalen's test with weakness to the right thumb. This worker has chronic wrist pain. The worker has a diagnosis of bilateral carpal tunnel syndrome. There is no indication that a soft tissue tumor or Kienbock's disease is suspected. Furthermore, there is no mention of a significant change in symptoms since the previous MRI. Therefore this request is not medically necessary.