

Case Number:	CM15-0201500		
Date Assigned:	10/16/2015	Date of Injury:	07/15/2014
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Emergency 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 49 year old female who sustained an industrial injury on 07-15-2014. According to a progress report dated 08-20-2015, the injured worker reported bilateral wrist symptoms. The injured worker reported that she fell directly on the wrist resulting in a fall directly onto an outstretched hand. The onset was approximately 1 year ago. Inspection of the right hand and wrist demonstrated no deformity, no swelling and no erythema. There was no digital or wrist crepitation. Moderate DRUJ tenderness was present. There was no effusion of the hand, wrist or digits. There was no joint instability of the digits. The DRUJ was stable to stress. Lunotriquetral ballottement test was negative. Mild carpal stress test was negative. Pisotriquetral grind was negative. Static scaphoid shift was negative. Watson's test was negative. Pain was elicited with active flexion and extension. Pain was elicited with active radioulnar range of motion. Normal muscle strength was noted. Normal tone was noted. Sensation was noted as a two point discrimination normal at 5 mm. Phalen's test was positive at 30 seconds. Tinel's sign was positive at the carpal tunnel. Wrist compression and wrist elevation were both positive. Diagnoses included carpal tunnel syndrome and other wrist sprain and strain. The treatment plan included electrodiagnostic testing of the upper extremities to rule out carpal tunnel syndrome and MRI of the bilateral wrists to rule out TFC tear. Work status included modified duties. An authorization request dated 08-21-2015 was submitted for review. The requested services included MRI of the bilateral wrists without contrast. On 09-22-2015, Utilization Review non- certified the request for MRI of the right wrist without contrast as outpatient.

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 without contrast as outpatient: 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 rationale: The requested MRI of the right wrist without contrast as outpatient, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, Pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker has bilateral wrist symptoms. The injured worker reported that she fell directly on the wrist resulting in a fall directly onto an outstretched hand. The onset was approximately 1 year ago. Inspection of the right hand and wrist demonstrated no deformity, no swelling and no erythema. There was no digital or wrist crepitation. Moderate DRUJ tenderness was present. There was no effusion of the hand, wrist or digits. There was no joint instability of the digits. The DRUJ was stable to stress. Lunotriquetral ballottement test was negative. Mild carpal stress test was negative. Pisotriquetral grind was negative. Static scaphoid shift was negative. Watson's test was negative. Pain was elicited with active flexion and extension. Pain was elicited with active radioulnar range of motion. Normal muscle strength was noted. Normal tone was noted. Sensation was noted as a two point discrimination normal at 5 mm. Phalen's test was positive at 30 seconds. Tinel's sign was positive at the carpal tunnel. Wrist compression and wrist elevation were both positive. Diagnoses included carpal tunnel syndrome and other wrist sprain and strain. The treatment plan included electrodiagnostic testing of the upper extremities to rule out carpal tunnel syndrome and MRI of the bilateral wrists to rule out TFC tear. The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI of the right wrist without contrast as outpatient is not medically necessary.