

Case Number:	CM15-0202120		
Date Assigned:	10/19/2015	Date of Injury:	07/10/2015
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 7-10-15. Medical records indicate that the injured worker is undergoing treatment for a right hand-wrist sprain-strain, right wrist weakness and right wrist swelling. The injured worker was to return to work with restrictions. On (8-19-15) the injured worker complained of right wrist pain which radiated to the shoulder. Examination of the right wrist revealed pain on the dorsal and radial aspects, specifically the first dorsal compartment. Range of motion was decreased and painful. There was no evidence of wrist instability. Treatment and evaluation to date has included medications, wrist x-rays, MRI of the right wrist (8-10-15), physical therapy and a right wrist injection. The MRI of the right wrist revealed a partially visualized scapholunate interosseous ligament diffusely frayed without a discrete tear, advanced chondromalacia in the hematolunate articulation and a ganglion cyst along the dorsal radiocarpal ligament. Current medications include Voltaren gel. The current treatment requests include an MR Arthrogram of the right shoulder and MR Arthrogram of the right wrist. The Utilization Review documentation dated non-certified the request for an MR Arthrogram of the right shoulder and MR Arthrogram of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right 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, & Hand (Acute & Chronic) chapter, under MRI's.

Decision rationale: Based on the 8/7/15 progress report provided by the treating physician, this patient presents with constant, dull, severe right wrist pain exacerbated by movement, radiating to the forearm. The treater has asked for MR Arthrogram of the right wrist but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is not having any improvement and has noted some decreased strength in the right forearm per 8/7/15 report. The patient is s/p atrophy in the muscles of the right forearm per 8/7/15 report. The patient has not yet had any chiropractic or physical therapy for right wrist per 8/14/15 report. The patient is not taking any medications and has not had any surgeries for the right wrist per review of reports. The patient is currently wearing a right wrist splint per 8/7/15 report. The patient is currently working with restrictions (no use of right hand, no gripping/grasping) as of 8/7/15 and expect MMI on 8/31/15 per 8/7/15 report. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) chapter, under MRI's (magnetic resonance imaging) states: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It 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. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. Indications for imaging Magnetic resonance imaging (MRI):- 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 Kienbck'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. (Mays, 2008) The treater does not discuss this request in the reports provided. The patient is s/p X-ray of the right wrist from 7/13/15 which showed "osseous structures are intact. No fracture is seen. There is no evidence of joint space or soft tissue abnormality." The patient is s/p MRI of the right wrist from 8/10/15 which showed "partially visualized scapholunate ligament is diffusely frayed without a discrete tear. A 0.5mm cyst is noted in the volar aspect of the mid capitate, likely to be degenerative in nature.

Advanced chondromalacia with associated subchondral cyst formation is visualized on the proximal hamate, adjacent to the hemato-lunate articulation." In utilization review letter dated 9/22/15, the request is denied since "the initial MRI of the wrist being positive for a ganglia with a diffusely frayed scapholunate ligament and the patient not having failed an appropriate course of conservative treatment." In this case, the patient has persistent right wrist pain with mild swelling and weakness, and physical exam findings which show restricted range of motion, weak grip strength, but no other abnormal findings showing neurologic deficit, nor any suspicion of a soft tissue tumor. ODG guidelines do not recommend repeat MRI's without a significant change in symptoms or findings suggestive of significant pathology. The patient is s/p MRI of right wrist from 8/10/15, with no significant change in symptoms and the treater does not explain the necessity for a repeat MRI so soon. Therefore, the request is not medically necessary.

MR Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder 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) Shoulder Chapter, under MRI's.

Decision rationale: Based on the 8/7/15 progress report provided by the treating physician, this patient presents with constant, dull, severe right wrist pain exacerbated by movement, radiating to the forearm. The treater has asked for MR Arthrogram of the right shoulder but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is not having any improvement and has noted some decreased strength in the right forearm per 8/7/15 report. The patient is s/p atrophy in the muscles of the right forearm per 8/7/15 report. The patient has not yet had any chiropractic or physical therapy for right wrist per 8/14/15 report. The patient is not taking any medications and has not had any surgeries for the right wrist per review of reports. The patient is currently wearing a right wrist splint per 8/7/15 report. The patient is currently working with restrictions (no use of right hand, no gripping/grasping) as of 8/7/15 and expect MMI on 8/31/15 per 8/7/15 report. ODG-TWC, Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated.

Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs... Subacute shoulder pain, suspect instability/labral tear... Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The treater does not discuss this request in the reports provided. The patient does state that his right wrist pain travels "from my hand to my shoulder" per 8/19/15 report, but no other reports dated 7/11/15 to 8/14/15 describe pain in the shoulder. Review of the reports do not show any evidence of prior MRIs of the right shoulder. Utilization review letter dated 9/21/15 denies request as "records did not document a red light [flag]." In this case, there is no physical exam of the right shoulder per review of reports. The treater does not document any acute trauma relating to the shoulder, nor is there suspicion of a rotator cuff tear. Therefore, the request is not medically necessary.