MAXIMUS Federal Services

Case Number:	CM15-0028563		
Date Assigned:	02/20/2015	Date of Injury:	07/12/2013
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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:

This 28 year old female sustained a work related injury on 07/12/2013. According to a progress report dated 01/08/2015, the injured worker complained of discomfort to the right wrist. Treatments have included physical therapy, a cast and cortisone injections. An MRI done in November of 2013 revealed a TFCC tear as well as scapholunate interosseous ligament probable partial thickness tear and a small ganglion cyst in the volar aspect of the wrist. Her pain was moderate to severe in intensity. She had limited range of motion. X-rays of the wrist showed a 2 millimeter ulnar positive variant. Impression was right wrist TFCC tear with ulnocarpal impaction syndrome rule out occult ganglion cyst dorsal aspect of the wrist and possible scapholunate ligament tear. Work status was full duty. Recommendations included MRI of the wrist to evaluate the wrist for a possible occult ganglion cyst or possible progression of her scapholunate ligament injury. A new MRI was needed for preoperative planning. The injured worker was a candidate for surgery. On 01/20/2015, Utilization Review non-certified MRI of the right wrist. According to the Utilization Review physician, there had been no significant changes to the injured worker's symptoms since the previous MRI had been conducted. Official Disability Guidelines, Forearm, Wrist & Hand were referenced. The decision was appealed for an Independent Medical Review.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) MRI's (magnetic resonance imaging).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints indicates that MRI prior to history and physical examination by a qualified specialist is an option. Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) indicates that 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. Chronic wrist pain, suspect soft tissue tumor, is an indication for MRI magnetic resonance imaging. The orthopedic surgeon report dated 01/08/2015 documented right wrist triangular fibrocartilage complex TFCC tear with ulnocarpal impaction syndrome, rule out occult ganglion cyst dorsal aspect of the wrist, and possible scapholunate ligament tear. The patient has chronic wrist pain, that has not improved with treatment, and the patient is a surgical candidate. MRI was requested to evaluate the wrist for a possible occult ganglion cyst or possible progression of her scapholunate ligament injury. MRI is needed for preoperative planning. The patient is a candidate for surgery. Surgical options will be discussed after the MRI is done. ODG and ACOEM guidelines and the medical records support the request for a wrist MRI. Therefore, the request for an MRI of the right wrist is medically necessary.