

Case Number:	CM15-0212448		
Date Assigned:	11/02/2015	Date of Injury:	10/16/2014
Decision Date:	12/16/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 10-16-14. The injured worker was diagnosed as having lumbar spine radiculopathy; right knee meniscus tear; ACL tear of the right knee; carpal tunnel syndrome. Treatment to date has included status post right knee arthroscopy (5-21-13); physical therapy; medications. Diagnostics studies included MRI right hip (12-9-14); MRI lumbar spine (5-29-14; 12-10-14); X-rays right hand-wrist (3-2-15). Currently, the PR-2 notes dated 10-9-15 indicated the injured worker complains of hand pain and in the office for an evaluation. He has a diagnosis of carpal tunnel syndrome with symptoms of hand pain, hand tingling, hand numbness, hand weakness, hand clumsiness and muscle atrophy. He describes his pain as severe and worsening. Associated symptoms are documented by the provider as "decreased pain sensitivity, decreased pincer strength, weakened incisional pain and incisional swelling". The injured worker reports no changes in pain since his last visit. His treatment plan includes a request for physical therapy for the lumbar spine, right hip and right wrist as well as an MRI of the right wrist. An x-ray evaluation of the right hand dated 3-2-15 impression reveals "Posttraumatic arthritis of the wrist and thumb." An X-rays of the right wrist dated 3-2-15 reveals "Radioscaphoid arthritis and CMC joint arthritis of the right thumb." All other medical documentation as far back as January 20, 2015 mentions right knee and lower back pain only. A Request for Authorization is dated 10-28-15. A Utilization Review letter is dated 10-23-15 and non-certification for MRI of the right wrist. A request for authorization has been received for MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) 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), Forearm, Wrist & Hand Chapter (Online Version) MRI's (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") MRI's (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 10-16-14. The medical records provided indicate the diagnosis of lumbar spine radiculopathy; right knee meniscus tear; ACL tear of the right knee; carpal tunnel syndrome. Treatment to date has included status post right knee arthroscopy (5-21-13); physical therapy; medications. The medical records provided for review do not indicate a medical necessity for MRI (Magnetic Resonance Imaging) of the right wrist. The MTUS did not elaborate on MRI of the wrist, but highly recommend it for suspected infections. The Official Disability Guidelines recommends MRI in any suspected case of fracture, and in some chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. Also, the Official Disability Guidelines states that It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. There was no documentation of physical examination findings of the wrist. Therefore, the requested test is not medically necessary since the MTUS recommends doing any test or treatment based on the outcome of the information from detailed medical history and examination.