

Case Number:	CM15-0213659		
Date Assigned:	11/04/2015	Date of Injury:	04/01/2015
Decision Date:	12/15/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on April 1, 2015, incurring right wrist, and hand and elbow injuries. A right wrist Magnetic Resonance Imaging performed on June 5, 2015, revealed a small distal joint effusion, subchondral cysts and a ganglion cyst. She was diagnosed with a twisting injury to the right hand, right wrist sprain and right carpal tunnel syndrome. Treatment included steroid injections, anti-inflammatory drugs, splinting, physical therapy, and restricted activities. Currently, the injured worker complained of persistent right wrist pain with worsening numbness and tingling. She noted increased swelling of the forearm and right hand. She was noted to guard her right upper extremity close to her body. Electromyography studies verified right carpal tunnel syndrome. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the right wrist. On October 29, 2015, a request for a repeat Magnetic Resonance Imaging of the right wrist was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right wrist (Repeat): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, MRI's (magnetic resonance imaging).

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), MRI's (magnetic resonance imaging) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in April 2015 when, while working as a [REDACTED], she was using a buffing machine and her glove and jacket became caught in the machine with rotation of her hand, arm, and shoulder. Treatments included medications, wrist brace, and therapy. An MRI of the right wrist was done on 06/08/15 showing findings of a small distal radioulnar joint effusion, small subchondral in the trapezium, and a 3 mm ganglion cyst adjacent to the scaphoid. The scan was degraded by motion artifact in all the sequences. Electrodiagnostic testing in September 2015 showed findings of slight right carpal tunnel syndrome. When seen in September 2015 she had significant decrease pain after a cortisone injection three weeks before. The nerve conduction test result was reviewed. The claimant reported that she had worsening symptoms. A right carpal tunnel injection was done and she was referred for therapy. In October 2015 she was having minimal carpal tunnel symptoms. She was working without restrictions. When seen by the requesting provider, she was having severe pain. She was holding her right upper extremity close to her body in a guarded fashion and refused to use it. Authorization was requested for chiropractic care and for a repeat MRI of the wrist. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. In this case, the claimant has already had an MRI of the right wrist. Although there was motion artifact, findings are described and the study was interpreted. She responded to the treatments provided and there is no new injury. A repeat MRI of the wrist is not medically necessary.