

Case Number:	CM15-0213886		
Date Assigned:	11/03/2015	Date of Injury:	05/27/2015
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
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: Texas, New York, California
 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 applicant is a represented 38-year-old who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of May 27, 2015. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for MRI imaging of the wrist. A September 18, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an appeal letter dated October 29, 2015, the attending provider acknowledged that the applicant had a positive Finkelstein maneuver and also acknowledged that the applicant's clinical presentation was in fact consistent with a diagnosis of de Quervain's tendonitis. On a September 18, 2015 office visit, the applicant reported ongoing issue with hand and wrist pain. The applicant again noted a positive Finkelstein maneuver with tenderness about the first dorsal compartment. Topical diclofenac, Neurontin, a wrist brace, and wrist MRI imaging were sought. The requesting provider was a pain management physician, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, MRI's.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for MRI imaging of the wrist was not medically necessary, medically appropriate, or indicated here. The operating diagnosis, per the treating provider's progress note of September 18, 2015 and an appeal letter of October 29, 2015, was, in fact, de Quervain's tendonitis. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging at 0/4 in its ability to identify and define suspected de Quervain's tenosynovitis, i.e., the operating diagnosis here. The attending provider failed to furnish a clear or compelling rationale for pursuit of MRI imaging for a diagnosis (de Quervain's tendonitis) for which it has scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. It was not stated how (or if) the proposed wrist MRI would have influenced or altered the treatment plan. The fact that the requesting provider was a physiatrist (as opposed to a hand surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.