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| Case Number: | CM15-0214567 | | |
| Date Assigned: | 11/04/2015 | Date of Injury: | 09/28/2007 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/02/2015 |
| 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 63 year old female who sustained an industrial injury on 9-28-07. Medical records indicate that the injured worker has been treated for osteoarthritis, right distal radioulnar joint; osteoarthritis, right second carpometacarpal joint; likely osteoarthritis, right thumb basilar joint. She currently complains of progressively worsening right wrist pain despite radiocarpal fusion and there was no locking. On physical exam the second carpometacarpal joint was tender to palpation, discomfort to palpation of the distal radioulnar joint, tender thumb basilar joint, mild instability, pronation and supination cause discomfort, ulnar deviation and triangular fibrocartilage complex loading worsens her pain. Diagnostics include MRI of the upper extremity (4-28-15) showing radioscapocapitate fusion with hardware in place, rupture of articular disc of the triangular fibrocartilage complex, hyperintense median nerve within the carpal tunnel; multiple x-ray views of the right hand (per 8-31-15 note) showing narrowing of the very dorsal aspect of the 2nd carpometacarpal joint with osteophyte formation along the thumb basilar joint. Treatments to date include medication: ibuprofen; injections; activity modification; splint immobilization. The request for authorization dated 9-26-15 was for MRI of the right wrist; MRI of the right shoulder. On 10-2-15, Utilization Review non-certified the requests for MRI of the right wrist; MRI of the right shoulder.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging.

Decision rationale: ACOEM states, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury. ODG states for a wrist MRI 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 Kienböck'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. The treating physician has provided no evidence of red flag diagnosis and has not met the above ODG and ACOEM criteria for an MRI Of the wrist. Further, radiologist opinion provided in the medical records does not recommend another MRI indicating a higher field MRI would not improve the imaging, contrary to this request for 3 Tesla MRI. As such, the request for MRI of the right wrist is deemed not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). ODG states 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. (Mays, 2008) The treating physician documented no red flag diagnoses and has not met the above ODG and ACOEM criteria and provided no acceptable rationale for a repeat MRI. As such, the request for MRI of the right shoulder is not deemed medically necessary.