

Case Number:	CM15-0219316		
Date Assigned:	11/12/2015	Date of Injury:	02/11/2011
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 year old female, who sustained an industrial injury on 2-11-2011. The injured worker was being treated for right wrist pain, post right wrist sprain, right snuffbox ganglion (improved-resolved), right dorsal ganglion, right volar ulnar wrist pisotriquetral synovitis mass versus ganglion, right forearm myalgia (improved), right carpal tunnel (improved), and right ulnar neuropathy (improved). Treatment to date has included diagnostics, splinting, and medications. On 10-12-2015, the injured worker complains of right wrist pain and ganglion cyst. She reported persistent pain, pointing to her right pisiform and right SL wrist area. She reported that she could not use wrist splint because of pain and pressure. Her pain was constant and she could not hold things. She previously had numbness but that improved. Qualified Medical Examination report (9-18-2012) documented ganglion cysts are most likely cause of ongoing pain, and considered non-industrial, considering her permanent and stationary. Qualified Medical Examination report (8-04-2015) recommended hand surgery specialist for evaluation and treatment of ganglion cyst and wrist pain. Physical exam noted 12mm tender nodule at the right dorsal wrist over SL, larger than last seen. Tenderness to palpation was noted at the right pisiform, on pisiform grind testing, and on palpation of right dorsal wrist ganglion. Visible swelling was noted at the right ulnar palm at the pisiform. Last magnetic resonance imaging was documented as 3-4 years prior. Updated magnetic resonance imaging was requested for diagnosis of pisiform area pain. The treating provider noted that she should have surgery for right dorsal ganglion excision, and possibly pisiform area surgery, depending on

magnetic resonance imaging results. On 10-29-2015 Utilization Review non-certified a request for magnetic resonance imaging 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 of right wrist: Overturned

Claims Administrator 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, & Hand chapter (Acute & Chronic), MRI.

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).

Decision rationale: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. 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 Kienbock'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. (Mays, 2008) Per progress report dated 10/12/15 the injured worker continues with right wrist pain, dorsal ganglion, and pisiform pain. The last MRI was done 3-4 years ago. Current MRI is necessary for diagnosis of the pisiform area pain. Per the medical records "Treatment plan: Symptoms persist. Right dorsal wrist ganglion is now larger again, still very painful. Snuffbox ganglion quiescent. R pisiform area swelling, tenderness. Prior hand numbness, positive NCV for median and ulnar neuropathy, but clinically improved. QME reports industrial, needs evaluation and treatment, not P&S. Pain at the R pisiform, ddx as above. MRI last done 3 or 4 years ago. Needs current MRI for diagnosis of the pisiform area pain. R dorsal ganglion now very obvious should have surgery for excision. Depending on MRI results, consider pisiform area surgery also." MRI is indicated as it may bring surgical options into consideration. The request is medically necessary.