

Case Number:	CM15-0219581		
Date Assigned:	11/12/2015	Date of Injury:	03/12/1997
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female with a date of injury on 03-12-1997. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome; bilateral long and ring trigger fingers, and status post bilateral carpal tunnel releases with left trigger finger release. A physician progress note dated 09-17-2015 documents the injured worker is complaining of increasing pain of her hands with enlarged cyst and triggering. It is aggravated by repetitive motions, gripping, grasping, pushing, pulling, and lifting. It is a worsening, throbbing pain and it is rated an 8 on a scale of 1 to 10. She is having increased low back and knee pain also. The left hand is tender at the left long A1 pulley with palpable nodule and volar cyst with triggering. Her right hand reveals dorsal ganglion cyst. There is a well-healed scar over the right hand. There is pain with terminal flexion. There is a weak grip. There is full sensation in the radial digits. The Request for Authorization dated 10-20-2015 includes Magnetic resonance imaging (MRI) of the bilateral wrist/hands, and a consult with pain management for LESI. On 10-27-2015 Utilization Review non-certified the request for magnetic resonance imaging (MRI) of the bilateral wrist/hands.

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 bilateral wrist/hands: Upheld

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

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 Chapter, under MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with increasing pain of the left hand and right hand with enlarged cyst and triggering. She has increasing low back pain radiating into the lower extremities and knee pain. The request is for magnetic resonance imaging (MRI) of the bilateral wrist/hands. The request for authorization form is dated 10/20/15. Patient's diagnoses include bilateral carpal tunnel syndrome; bilateral long and ring trigger fingers; status post bilateral carpal tunnel releases with left trigger finger release; severe lumbar discopathy/facet arthropathy; status post arthroscopic surgery left knee with evidence of arthrosis; eletrodiagnostic study evidence of bilateral carpal tunnel syndrome and right cubital tunnel syndrome. Physical examination of the left hand reveals tenderness at the left long A1 pulley with palpable nodule and volar cyst with triggering. Exam of the right hand reveals dorsal ganglion cyst of the right hand. There is a well-healed scar of the right hand. There is pain with terminal flexion. There is a weak grip. There is no clinical evidence of instability. Skin is warm and dry with normal color and turgor. There is no apparent swelling. There is full sensation in the radial digits. Per progress report dated 09/17/15, the patient is permanently partially disabled. ODG Guidelines, Forearm, Wrist, Hand Chapter, under MRI's (Magnetic Resonance Imaging) Section states, "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." 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) Treater does not discuss the request. In this case, the patient continues with chronic wrist and hand pain. Review of provided medical records show no evidence of a prior MRI of the Bilateral Wrist/Hands. Given the patient's symptoms and physical examination findings, MRI of the Bilateral Wrist/Hands appears to be reasonable. However, the treater does not mention any acute trauma, and there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbock's disease to warrant an MRI of the Bilateral Wrist/Hands. Therefore, the request is not medically necessary.