

Case Number:	CM15-0222070		
Date Assigned:	11/17/2015	Date of Injury:	04/09/2013
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/10/2015

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, Hawaii
 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 34-year-old female, who sustained an industrial injury on 4-09-2013. The injured worker was diagnosed as having pain in right wrist. Treatment to date has included diagnostics, right wrist steroid injection 8-2014, right carpal tunnel release 2-2015, occupational therapy, transcutaneous electrical nerve stimulation unit, and medications. On 10-06-2015 (Doctor's First Report of Occupational Injury or Illness), the injured worker complains of intermittent right wrist pain, rated 9 out of 10. A physical exam was not documented. The treatment plan included magnetic resonance imaging of the right wrist-hand, electromyogram of the bilateral upper extremities, a right wrist brace, and medications. Current medication regimen was not detailed. Work status was modified. The PR2 dated 9-23-2015 noted complaints of right hand stiffness, dropping items, right elbow pain radiating to the forearm, hand, and fingers. Wrist exam on 9-23-2015 noted that sensation was diminished in the right hand compared to the left and strength was "markedly reduced" on the right side. She was to continue Tylenol #3, Motrin, and Thermacare pads (per 9-23-2015 report). On 10-28-2015 Utilization Review non-certified a request for magnetic resonance imaging of the right wrist-hand and 1 right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right hand/wrist, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Wrist/Hand Chapter, MRI.

Decision rationale: The patient presents with right wrist pain. The current request is for MRI (Magnetic Resonance Imaging) of the right hand/wrist, quantity 1. The treating physician's report dated 10/06/2015 (34B) does not provide a rationale for the request. Medical records do not show any MRI of the right hand/wrist. ACOEM guidelines Chapter 11, pages 268-269 has the following regarding special studies and diagnostic and treatment considerations: "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." For MRI of the wrist, ODG guidelines states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage -TFC- and intraosseous ligament tears, occult fractures, and avascular neurosis." Given that the patient has not had an MRI of the right hand/wrist since her injury, the request is appropriate to examine possible triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis. The current request is medically necessary.

Right wrist brace, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Surgical Considerations.

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

Decision rationale: The patient presents with right wrist pain. The current request is for Right wrist brace, quantity 1. The treating physician's report dated 10/06/2015 (34B) does not provide a rationale for the request. The ACOEM Guidelines Chapter 11 page 265 on Wrists complaints states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity." Given the patient's diagnoses of Carpal Tunnel Syndrome, a wrist brace is appropriate. The current request is medically necessary.