

Case Number:	CM15-0035556		
Date Assigned:	03/04/2015	Date of Injury:	09/18/2013
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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 62-year-old female, who sustained an industrial injury on September 18, 2013. She has reported pain of the left wrist. The diagnoses have included carpal tunnel syndrome, hand pain and forearm pain. Treatment to date has included occupational therapy, medications, bracing, injections, and imaging studies. A progress note dated January 22, 2015 indicates a chief complaint of worsening left wrist pain. Physical examination showed swelling of the left distal forearm. The treating physician requested a left wrist arthrogram. On February 4, 2015 Utilization Review denied the request citing the Official Disability Guidelines. On February 25, 2015, the injured worker submitted an application for IMR of a request for a left wrist arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability guidelines; Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging).

Decision rationale: Based on the 01/22/15 progress report provided by treating physician, the patient presents with worsening left ulnar wrist pain. The request is for left wrist arthrogram. Patient's diagnosis per Request for Authorization form dated 01/28/15 includes carpal tunnel syndrome, hand pain and forearm pain. Per progress report dated 01/07/15, the patient has a diagnosis of olecranon (closed) fracture to left elbow, which required surgery, date unspecified. Physical examination on 01/22/15 revealed positive Tinel and Phalen's signs. Phalen and Durkan's maneuver elicited burning pain, radiating up along the volar forearm and upper lateral arm area. Patient is status post manipulation under anesthesia to the left hand MCP joint on 10/20/14, per operative report. Patient continues to use a protective splint and anti-inflammatory medications. Treatment to date has included occupational therapy, injections, and imaging studies. Occupational therapy report dated 12/12/14 showed 12 visits, and OT report dated 02/02/15 showed 8 visits. The patient is to remain off-work, per progress report dated 01/14/15. ACOEM Guidelines chapter 11 page 268 to 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 4 to 6 week period of conservative and observation." ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) 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. 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 01/22/15, treater states, "I would like to go ahead and obtain the left wrist MRI arthrogram to further assess the worsening ulnar sided wrist pain. UR letter dated 0/2/04/15 states, "EMG was consistent with carpal tunnel symptoms. The previous MRI showed degenerative tear of the membranous portion of the ligament." MRI of the left wrist is dated 05/02/14, and NCV study is dated 01/12/15. In this case, the treating physician does not discuss suspicion of carpal bone fracture, thumb ligament injury, soft tissue tumor or Kienbock's disease. There is no documented change in symptoms suggestive of significant pathology to warrant repeat MR study. Therefore, the request IS NOT medically necessary.