

Case Number:	CM15-0049862		
Date Assigned:	03/23/2015	Date of Injury:	06/07/2014
Decision Date:	12/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old female patient, who sustained an industrial injury on 6-7-2014. She sustained the injury while grabbing boxes of diapers; she hit her right hand on the steel shelf. The diagnoses include right upper extremity overuse syndrome, right wrist and elbow sprain and strain, a right triangular fibrocartilage complex tear per MRI, right carpal tunnel syndrome, and right De Quervain's stenosing tenosynovitis. Per the notes dated 9-23-2014, she reported ongoing right wrist pain radiating to the hand, digits with numbness, and shoulder with coldness. The physical exam (9-23-2014) revealed left Jamar scores of 16, 15, and 17 and right Jamar scores of 7, 7, and 6; pain over the first dorsal wrist extensor and in the anatomical snuffbox, and mild pain on ulnar and radial deviation, wrist extension, and wrist flexion; mild swelling between the index and middle finger metacarpal heads and over the second web space, pain over the lateral epicondyle, and positive compression test over the median nerve with numbness of the thumb, index, and middle fingers at 5 seconds; abductor brevis weakness and soft compartments. Per the doctor's note dated 2-12-2015, she reported ongoing, constant right wrist pain and heaviness radiating to the hand, numbness and tingling of the digits, and pain radiating to the elbow and shoulder with coldness. She reported constant right elbow pain. The physical exam on 2-12-2015 revealed left Jamar scores of 14, 16, and 18 and right Jamar scores of 8, 9, and 9; pain over the first dorsal wrist extensor and in the anatomical snuffbox, and mild pain on ulnar and radial deviation, wrist extension, and wrist flexion; mild swelling between the index and middle finger metacarpal heads and over the second web space, pain over the lateral epicondyle, and positive compression test over the median nerve with numbness of the thumb, index, and middle fingers at 5 seconds; abductor brevis weakness and soft compartments;

right wrist flexion of 60 degrees, extension of 50 degrees, ulnar deviation of 30 degrees, radial deviation of 10 degrees, pronation of 70 degrees, and supination of 70 degrees; right elbow flexion of 130 degrees, extension of 0 degrees, and pronation of 60 degrees. Per the note dated 4/3/15, she had complaints of right wrist pain with radiation to the fingers and right elbow; right knee pain with radiation to the right ankle. The medications list includes ultracet, naproxen, prilosec and menthoder cream. She had right wrist MRI dated 9/18/14 which revealed a right triangular fibrocartilage complex tear, subchondral sclerosis, changes of ulno-lunate impaction and mild positive ulnar variance; an EMG/NCS upper extremities dated 8/28/14 with normal findings. Treatment has included medications, forearm splint, spica splint and physical therapy. On 2-12-2015, the requested treatments included an open MRA of the right wrist and range of motion (right wrist). On 2-23-2015, the original utilization review non-certified requests for an open MRA of the right wrist and range of motion (right wrist).

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRA of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Open Orthop J. 2012; 6: 194-198. doi: 10.2174/1874325001206010194. Published online 2012 May 16. Wrist MRI Arthrogram v Wrist Arthroscopy: What are we Finding.

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) Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Arthrography Radiography.

Decision rationale: Per the ACOEM's Occupational Medicine Practice Guidelines "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. In addition, per the ODG "Standard x-rays are the first step in sports injuries. Although arthrography is still the reference for the diagnosis of intrinsic ligament and cartilaginous lesions, MRI can sometimes be sufficient." She has had a right wrist MRI dated 9/18/14 which revealed a right triangular fibrocartilage complex tear, subchondral sclerosis, changes of ulno-lunate impaction and mild positive ulnar variance. Significant changes in signs or symptoms since this MRI that would require right wrist MR arthrography is not specified in the records provided. A recent X-ray report of the right wrist/hand is not specified in the records provided. Failure of conservative therapy including splint and pharmacotherapy is not specified in the records provided.

Range of Motion (right wrist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Analysis of spine motion variability using a computerized goniometer compared to physical examination. A prospective clinical study. 1995 Jan 15; 20 (2): 232-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 12/02/15) Range of motion (ROM) Flexibility.

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG guidelines range of motion testing/flexibility, "Not recommended as a primary criteria. The relation between range of motion measures and functional ability is weak or non-existent." The cited guidelines do not recommend computerized range of motion testing as a primary criteria. The rationale for computerized range of motion testing is not specified in the records provided. Range of Motion (right wrist) is not medically necessary for this patient.