

Case Number:	CM15-0084812		
Date Assigned:	05/07/2015	Date of Injury:	02/25/2012
Decision Date:	06/10/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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 48 year old female, who sustained an industrial/work injury on 2/25/12. She reported initial complaints of left hand/wrist pain. The injured worker was diagnosed as having s/p surgery right wrist triangular fibrocartilage complex repair and rule out right wrist or hand chronic regional pain syndrome. Treatment to date has included medication surgery (right wrist repair on 10/24/13). Currently, the injured worker complains of frequent moderate achy left wrist pain, numbness, tingling, and weakness. Pain affected the sleep also. Per the primary physician's progress report (PR-2) on 4/1/15, examination of the right wrist, ranges of motion were decreased and painful, there was tenderness of the surgical scar, dorsal wrist, and volar wrist, Phalen's caused pain, the right hand was cooler than the left with a slightly darker color on the right, the right hand was also moist. Current plan of care included physical therapy. The requested treatments include MRI with arthrogram of the right wrist and Physical therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with arthrogram of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, MRI's.

Decision rationale: The patient presents on 04/01/15 with moderate unrated right wrist pain with associated numbness, tingling, and weakness to the wrist and hand. The patient's date of injury is 02/25/12. Patient is status post triangular fibrocartilage complex repair 10/24/13. The request is for MRI With Arthrogram Of Right Wrist. The RFA was not provided. Physical examination of the right wrist dated 04/01/15 reveals tenderness to palpation of the Volar region, dorsal aspect, decreased/painful range of motion, and positive Phalen's sign. The provider also notes that the right wrist is colder than the left wrist and also displays a darker coloration. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 04/01/15 progress note, patient is advised to remain off work until 05/15/15. 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) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In regard to the MRI with arthrogram of this patient's right wrist, the request is appropriate. There is no documentation that this patient has had an MRI or MRI with arthrogram of the right wrist to date. The progress notes provided document persistent and worsening stiffness, pain, and loss of function of the right wrist. Utilization review denied this request on grounds that the physician never provided a comprehensive neurological and orthopedic examination, and did not specify how the requested imaging was to improve the course of care. However, progress note dated 04/01/15 does include an examination of the wrist, and specifically notes that the purpose of the imaging is to "rule out right wrist/hand chronic regional pain syndrome." Given this patient's surgical history, the progressive loss of function and increased pain, the requesting provider is justified in seeking more accurate imaging of the wrist to clarify the underlying pathology. Therefore, the request is medically necessary.

Physical therapy 2 times a week for 3 weeks for the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 04/01/15 with moderate unrated right wrist pain with associated numbness, tingling, and weakness to the wrist and hand. The patient's date of injury is 02/25/12. Patient is status post triangular fibrocartilage complex repair 10/24/13. The request is for Physical Therapy 2x Wk X 3 Wks Right Wrist 95851. The RFA was not provided. Physical examination of the right wrist dated 04/01/15 reveals tenderness to palpation of the Volar region, dorsal aspect, decreased/painful range of motion, and positive Phalen's sign. The provider also notes that the right wrist is colder than the left wrist and also displays a darker coloration. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 04/01/15 progress note, patient is advised to remain off work until 05/15/15. MTUS page 98 and 99 has the following: Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the 6 sessions of physical therapy for this patient's continuing wrist complaint, the request is appropriate. The documentation included does not indicate that this patient has had any recent physical therapy directed at her wrist complaint, though it does suggest that she received physical therapy following her fibrocartilage complex repair on 10/24/13. Given the time elapsed since this patient last underwent physical therapy, the continued loss of function and increased pain, and the conservative nature of physical therapy, additional sessions could produce improvements. MTUS guidelines support 8-10 visits for complaints of this nature, the 6 sessions requested falls within this recommendation. Therefore, the request is medically necessary.