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| <b>Case Number:</b>   | CM14-0110091 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 12/06/2011 |
| <b>Decision Date:</b> | 09/30/2014   | <b>UR Denial Date:</b>       | 06/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2014 |

### 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. The expert reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 72 year old male with a reported date of injury on 12/6/11 who complains of chronic left wrist pain. He is noted to have undergone previous MRI followed by left wrist TFCC debridement on 1/30/13. Documentation from 6/2/14 notes the patient complains of left deep ulnar-sided wrist pain that is intermittent. The pain is worse with usage. He has pain at night that awakens him. He has previously undergone pain management counseling with no benefit. Examination of the left wrist notes no erythema, swelling, symmetry, atrophy or deformity. Range of motion is restricted with dorsiflexion of 35 degrees due to pain. The dorsal wrist and TFCC are noted to be tender on palpation. The 1st dorsal compartment is not tender to palpation. There is no sensory disturbance and muscle strength is noted to be normal. Assessment is that he has more pain at the TFCC and recommends a repeat MRI to evaluate as he has not had an MRI since the previous surgery. He is noted to have not had much improvement with surgery. Work restrictions were made. Documentation from 3/25/14 notes an episode of increased pain with gardening that reduced with rest. Assessment is that he has chronic left wrist pain and recommendation for continued HEP, compression glove and pain management counseling. Documentation from 2/25/14 notes his pain is unchanged. Examination of the left wrist notes no erythema, swelling, symmetry, atrophy or deformity. Range of motion is restricted with dorsiflexion of 35 degrees due to pain. No tenderness is noted to palpation. Assessment is that he continues to improve with his home exercise program. Work restrictions were made. Documentation from 2/4/14 notes chronic left wrist pain. Examination of the left wrist notes dorsiflexion is limited to 35 degrees due to pain. No tenderness is noted on palpation. Strength of left wrist extension, left hand intrinsics and left finger flexion muscles is 4/5. Assessment is that he continues to improve with a home exercise program and improvement in his sleep. Work restrictions were made. He is to continue his home exercise program.

Documentation from 1/24/14 notes chronic left wrist pain that awakens him at night. Examination of the left wrist notes dorsiflexion is limited to 35 degrees due to pain. No tenderness is noted on palpation. Strength of left wrist extension, left hand intrinsics and left finger flexion muscles is 4/5. Assessment is that he continues to improve with a home exercise program and improvement in his sleep. Work restrictions were made. He is to continue his home exercise program and compression glove. Documentation from 12/12/13 notes chronic left wrist pain that awakens him at night. He continues to perform hand exercises and pain is increased with motion. Examination of the left wrist notes dorsiflexion is limited to 45 degrees due to pain. The ulnar side of the wrist is tender to palpation. Assessment is that he has more range of motion with less pain and increase in grip strength following PT and compressive glove. Work restrictions were made. He is to continue his home exercise program and compression glove. Documentation from 11/7/13 notes chronic left wrist pain that awakens him at night. He continues to perform hand exercises and wears a compression glove as needed. Examination of the left wrist notes dorsiflexion is limited to 45 degrees due to pain. The ulnar side of the wrist is tender to palpation. Assessment is that he has more range of motion with less pain and increase in grip strength following PT and compressive glove. Work restrictions were made. Documentation from PT dated 5/3/13 notes improvement in strength and range of motion following therapy. Physical Medicine and Rehabilitation consultation dated 4/3/13 noted chronic left wrist pain following left wrist TFCC debridement and recommendations for formal physical therapy. Utilization review dated 6/25/14 did not certify the decision for MRI arthrogram of the left wrist. Reasoning given was that the patient had previous surgery MRI and surgery of the left wrist with TFCC debridement. 'This patient has left wrist pain that is chronic. There was no significant improvement after surgery and no recent trauma. There was no significant recent change in symptoms.' As there was lack of significant clinical change, repeat MRI is not recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI arthrogram of left wrist:** 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), Treatment Index, 12 Edition (web), 2014, Forearm, Wrist, Hand --MRI's (magnetic resonance imaging).

**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 and Hand Other Medical Treatment Guideline or Medical Evidence: S. Terry Canale and James H. Beaty, 'Wrist Disorders' Campbell's Operative Orthopaedics, Chapter 69, 3383-3476.

**Decision rationale:** Based on these guidelines from ODG and noting that the patient previously had been treated for a TFCC tear with debridement with no significant improvement, a thorough work-up of the patient's chronic pain is indicated. Greater detail with respect to the wrist examination of this patient is necessary as well. Plain X-rays are specifically recommended for evaluation of chronic pain, regardless of prior injury. From Campbell's Operative Orthopedics,

After the history and physical examination, radiographic evaluation is helpful in determining the diagnosis, prognosis, and management of wrist problems. Gilula et al. proposed a useful algorithm detailing one approach to the radiographic assessment of a painful wrist ( Fig. 69-10 ). This begins with routine four views of the wrist. In addition, as stated from ODG, repeat MRI is not routinely recommended unless there is a significant change in symptoms and/or findings suggestive of significant pathology. This has not been documented by the requesting surgeon. Thus, MRI arthrogram of the left wrist should not be considered medically necessary.