

Case Number:	CM14-0144266		
Date Assigned:	09/12/2014	Date of Injury:	03/28/2014
Decision Date:	10/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 36-year-old female who reported injury on 03/28/2014. The injury was reported to be a blast injury. The diagnoses included cervical radiculopathy, cervical stenosis, and cervical herniated nucleus pulposus. The past treatments included physical therapy and psychotherapy for PTSD. The progress noted, dated 09/04/2014, noted the injured worker complained of neck pain and right sided head pain, rated 5-8/10. She also reported right hand pain over the ulnar aspect of the right wrist and distal forearm, as well as the palmar surface of the right wrist, with numbness and tingling into the 4th and 5th digits, and occasionally into the thumb. The physical examination revealed decreased sensation to the right C6, C7, and C8 dermatomes, 5/5 strength to the bilateral upper extremities, except the right wrist extensor and interossei, rated 5-/5. Tenderness and mild edema were also noted over the right wrist triangular fibrocartilage complex ligament. The medications included gabapentin, Motrin, Celebrex, and Elavil. The treatment plan recommended to continue current psychiatric therapies, chiropractic therapy to the right wrist twice a week for 4 weeks, and MRI of the right wrist and hand, to establish a diagnosis for her ongoing wrist pain, which has been resistant to rest and therapy. The Request for Authorization form was submitted for review on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right 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, Online Version, Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for MRI of the right wrist is not medically necessary. The injured worker suffered a blast injury affecting her right wrist/hand and the right side of her head on 03/28/2014. She complained of continued pain to her right wrist with mild edema and tenderness noted. The California MTUS/ACOEM Guidelines state if symptoms have not resolved in four to six weeks, and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies of the wrist to clarify a diagnoses may be warranted if the medical history and physical examination suggest a specific disorder. The guidelines further note, MRIs are not more effective than history and physical examinations, lab studies, or radiographs for identifying or defining pathologies of the wrist. There is a lack of evidence to indicate the deficits to the distal upper extremity are not associated with her cervical radiculopathy. Neurological testing and dysfunction were not noted specifically to the wrist. The physician's rationale did not indicate the need to rule out or confirm a specific diagnosis to the wrist. Given the previous, an MRI of the right wrist is not indicated at this time. Therefore, the request is not medically necessary.