

Case Number:	CM14-0170492		
Date Assigned:	10/20/2014	Date of Injury:	06/25/2008
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 64 year old male with a reported date of injury on 6/25/08 who requested an MRI of the bilateral wrists. Progress report dated 3/12/14 notes an evaluation due to ongoing pain of the neck. Progress report dated 4/9/14 notes continued treatment of neck pain due to degenerative disc disease of the cervical spine. He is undergoing physical therapy with a 50% reduction in his pain. Progress report dated 5/7/14 notes continued treatment of neck pain due to degenerative disc disease of the cervical spine. He is undergoing acupuncture and physical therapy. Examination notes that the patient is neurovascularly intact to both upper extremities. Progress report dated 7/7/14 notes continued treatment of neck pain due to degenerative disc disease of the cervical spine. He had completed acupuncture and continues with a home exercise program. Examination notes that the patient is neurovascularly intact to both upper extremities. Progress report dated 7/28/14 notes numbness in the tip of the index and middle fingers of the right hand and numbness, burning and tingling in the thumb, middle, index and ring fingers of the left hand. He has some pain in the bilateral wrists, especially over the first dorsal compartment and the palmar surface of the wrists and at the base of the thumbs. Examination of the right wrist reveals range of motion to be 80% of normal. There is numbness and tingling in the index and middle fingers. There is positive Phalen's test and Tinel's sign. There is pain over the 1st dorsal compartment. There is a positive Finkelstein test. There is pain with axial loading of the right wrist. Examination of the left wrist reveals numbness, burning and tingling in the thumb, index, middle and ring fingers. There is positive Phalen's test and Tinel's sign. There is pain over the 1st dorsal compartment. There is pain with axial loading of the left wrist. Range of motion is approximately 80% of normal in all directions. The patient has stated diagnosis of bilateral carpal tunnel syndrome, triangular fibrocartilage complex tear, de Quervain's tenosynovitis and extensor tenosynovitis. Recommendation is made for MRI of

both wrists to rule out triangular fibrocartilage complex tears, de Quervain's tenosynovitis and any other flexor tendon abnormalities. Bilateral upper extremity electrodiagnostic studies are requested for evaluation of carpal tunnel syndrome. Medications will be used as needed. Progress report dated 8/28/14 notes ongoing numbness and tingling as well as a burning sensation of the hands. He has pain of the bilateral wrists, especially over the first dorsal compartment and at the base of the thumbs. Examination of the right wrist reveals range of motion to be 80% of normal. There is numbness and tingling in the index and middle fingers. There is positive Phalen's test and Tinel's sign. There is pain over the 1st dorsal compartment. There is a positive Finkelstein test. There is pain with axial loading of the right wrist. Examination of the left hand reveals numbness, burning and tingling in the thumb, index, middle and ring fingers. There is positive Phalen's test and Tinel's sign. There is pain over the 1st dorsal compartment. There is pain with axial loading. Range of motion is approximately 80% of normal in all directions. The patient has stated diagnosis of bilateral carpal tunnel syndrome, triangular fibrocartilage complex tear, de Quervain's tenosynovitis and extensor tenosynovitis. Recommendation is made again for MRI of both wrists to rule out triangular fibrocartilage complex tears, de Quervain's tenosynovitis and any other flexor tendon abnormalities. Bilateral upper extremity electrodiagnostic studies are requested for evaluation of carpal tunnel syndrome. Medications will be used as needed. A TENS unit has been prescribed for ongoing pain in his wrists. Progress report dated 9/10/14 notes he has ongoing bilateral wrist pain and pain at the base of the right thumb. Examination reveals pain at the base of the right thumb. There is pain with axial loading. Examination of the left hand reveals minimal pain and full range of motion. The patient has stated diagnosis of left hand tenosynovitis, bilateral carpal tunnel syndrome, right thumb triangular fibrocartilage complex tear and right trapeziometacarpal joint arthritis. The right thumb was injected with a steroid/local mix. Utilization review appeal dated 9/23/14 notes a response to the denial for the MRIs. The patient has ongoing bilateral wrist pain, especially at the base of his right thumb. Examination reveals tenderness at the base of the right thumb and pain with axial loading. Examination of the left hand reveals minimal pain and full range of motion. ODG guidelines are provided with respect to MRI imaging for chronic and acute pain of the wrists. Utilization review dated 9/23/14 did not certify the MRI of both wrists. Reasoning stated was that the patient did not meet the guidelines. The clinical documentation submitted for review does not provide any evidence that the patient has undergone an X-ray that has provided no diagnostic information. Additionally, there is no indication that the patient is suspected of having a soft tissue tumor or Kienbock's disease. Further discussion with the requesting team notes the MRI is for evaluation of de Quervain's that has failed conservative measures. It is unclear how this would contribute to treatment planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left and 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, Treatment Index, 11th Edition (web), 2013 Fore, Wrist and Hand Chapter: Indications for Imaging --Magnetic resonance imaging (MRI)

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, Radiography, MRI S. Terry Canale and James H. Beaty, 'Wrist Disorders' Campbell's Operative Orthopaedics, Chapter 69, 3383-3476

Decision rationale: The patient is a 64 year old male with bilateral wrist pain and requests for MRI evaluation bilaterally. One of the reasons for the MRI evaluation was to evaluate for a TFCC tear. However, the symptoms and physical examination findings are not consistent with ulnar-sided pain. Specific examination maneuvers to reproduce the pain suggestive of this type of injury have not been documented. In addition, the most recent examination of the left wrist documents minimal pain and full range-of-motion; findings that are not suggestive of significant abnormality. The patient does have signs and symptoms of possible de Quervain's tenosynovitis and/or thumb CMC arthritis. However, appropriate work-up would include standard radiographs (X-rays), which have not been documented in the medical records provided for this review. This would also be necessary for the initial evaluation of wrist pain. In addition, conservative management of painful wrists should be documented. This could consist of splinting, medications and possible steroid injections, especially for CMC arthritis and de Quervain's tenosynovitis. The patient is noted to have been provided a TENS unit for pain and to have had a steroid injection to the right thumb; but no response to treatment had been documented. From ODG, Forearm, Wrist and Hand, Radiography: Recommended as indicated below. For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. Thus, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as an expanded series of special views or fluoroscopic spot films; or may include tomography, arthrography, bone scintigraphy, computed tomography (CT), or magnetic resonance (MR) imaging. (ACR, 2001) (Dalinka, 2000) For inflammatory arthritis, high-resolution in-office MRI with an average followup of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) 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. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. See also MRI, Ultrasound and X-rays. See also ACR Appropriateness Criteria. Specific indication: - Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. From ODG, Forearm, Wrist and Hand, MRI: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average followup of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. Specific indication: - Chronic wrist pain, plain films normal, suspect soft tissue tumor - Chronic wrist pain, plain film normal or equivocal, suspect Kienböck'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) Thus, plain X-rays are specifically recommended for evaluation of chronic pain,

regardless of prior injury. If this is an acute condition, plain X-rays would be necessary as well. In addition, the left wrist examination does not suggest significant dysfunction to warrant an MRI, as the patient has minimal pain and full range of motion. From [REDACTED], after the history and physical examination, radiographic evaluation is helpful in determining the diagnosis, prognosis, and management of wrist problems. [REDACTED] 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. This has not been adequately documented. Thus, MRI of the bilateral wrists should not be considered medically necessary.