

Case Number:	CM14-0180631		
Date Assigned:	11/05/2014	Date of Injury:	03/25/2013
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine 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 (IW) is a 48-year-old woman with a date of injury of March 15, 2013. The mechanism of injury was a slip and fall. Pursuant to the progress note dated October 24, 2014, the IW complains of continued right low back pain, right hip pain, bilateral hand pain, and neck pain that was the same since last office visit. The IW was in more distress with pain that was rated 6-9/10 in severity. The IW was experiencing difficulty walking and performing activities of daily living and reported that the use of the sacroiliac joint belt was helpful. The IW complained of moderate thumb and wrist pain. She was unable to bend her left thumb. Physical examination revealed average grip strength was 31.33 on the right and was only able to perform the grip test once on the left producing a 15. The IW had point tenderness over the right thumb metacarpophalangeal joint, A1 pulley, middle A1 pulley, and the left thumb A1 pulley. There was a positive orthopedic test for nerve irritation in the wrist. The IW was diagnosed with right sacroiliac joint dysfunction, a full spine strain with possible right lower extremity radiculopathy, right trochanteric bursitis, a possible right hip labral tear, bilateral wrist pain and DeQuervain's tenosynovitis, right intercostal strain, and right lateral epicondylitis. Current medications include Naproxen 550mg, Pantoprazole 20mg, Menthoderm, and Terocin patch. Recommendation includes MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 94.

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the right wrist is not medically necessary. The guidelines provide the indications for magnetic resonance imaging. Indications include, but are not limited to, suspect acute distal radius fracture, suspect acute scaphoid fracture (both abnormal radiographs). Stated differently, MRI evaluation is recommended for chronic wrist pain when plain films are normal and there are suspicions of soft tissue pathology and/or occult bony injury. Repeat MRI is routinely not recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker underwent an MRI hand. The MRI showed evidence of DeQuervain's tenosynovitis. Whether changes were degenerative in nature or De Quervain's tenosynovitis, the appropriate treatment is steroid injections. The injured worker does have some evidence of De Quervain's for which standard conservative treatment consists of bracing/splinting and steroid injections, surgery only being considered necessary when such conservative measures fail. Imaging studies are not required to make the diagnosis unless there are contradictory findings. Additionally, MRI evaluation is not a criterion for selection of surgical candidates. The injured worker does not have any subjective or objective findings consistent with carpal tunnel syndrome. Based on clinical information, no suspicion of soft tissue pathology and/or occult bony injury, therefore, MRI of the right wrist is not medically necessary.