

Case Number:	CM14-0210303		
Date Assigned:	12/23/2014	Date of Injury:	09/20/2005
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 70-year old man reported injuries to his R shoulder due to stacking pallets on 9/20/05, and reported R hand and wrist injuries due to repetitive taping with a date of injury of 10/1/07. There is no information about his initial course of treatment in the available records. He saw his current primary treater for the first time on 10/1/14. The Doctor's First Report notes that he complained of moderate to severe constant shoulder pain and right hand pain, with numbness and weakness. Exam findings included decrease shoulder range of motion, positive impingement signs, and tenderness of the right wrist with positive Tinel's and Phalen's signs. Diagnoses included internal derangement of the right shoulder, right hand sprain/strain, and insomnia. Plan included oral Anaprox and Prilosec, compounded topical medications, Terocin patch, acupuncture, a shoulder injection under fluoroscopy and IV sedation, and an MRI of the right shoulder. A 10/29 progress note from the same provider documented similar complaints and shoulder findings. R wrist range of motion is noted as normal, Tinel's and Phalen's are not documented, and movement of the thumb and index finger is noted to be "impaired". The plan included the same medications as on 10/1/14, with the addition of oral Ultracet. In addition to 12 sessions of acupuncture, 12 session of physical therapy and 12 sessions of CMT were requested. MRI's of the R shoulder, hand and wrist were requested, as were bilateral upper extremity EMG/NCS. The patient's status at both visits was documented as totally disabled. The request for the MRI of the right wrist and hand was non-certified in UR on 11/18/14. CA MTUS 2009 Forearm, Wrist and Hand Complaints, ACOEM 2004 Chapter 11, and ODG criteria were cited as bases for the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI-right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRI section.

Decision rationale: The ACOEM citation above states that MRI has zero to minimal ability to identify or define pathology for diagnoses of ligament and tendon strain, tendinitis or tenosynovitis, De Quervain's tendonitis, trigger finger, carpal tunnel syndrome and ganglion cysts of the hand and wrist. According to the ODG citation, the indications for MRI of the hand and wrist include:-Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)-Chronic wrist pain, plain films normal, suspect soft tissue tumor-Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's diseaseRepeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.The clinical documentation in this case does not support the performance of an MRI of this patient's hand and wrist. The provider has documented a diagnosis of sprain/strain, and has also documented positive Tinel's and Phalen's signs as well as "impaired" thumb and index fingers. It is difficult to discern what the provider's diagnoses of concern are, but they would appear to include tendonitis/tenosynovitis and carpal tunnel syndrome. MRI is not useful in the evaluation of any of these conditions. There is no documentation of negative or equivocal plain x-rays, and no documentation of a concern that would warrant MRI performance, such as suspicion of a tumor or of Kienbock's disease. Finally, this patient has had hand and wrist symptoms for many years, and it seems unlikely that he has not had previous MRI's. If that is the case, the result of previous studies should be reviewed, and new studies obtained only if there has been a significant change in symptoms or findings which suggests significant pathologyThe most likely diagnoses according to the provider's documentation would not require the performance of an MRI, because there is no documentation of normal or equivocal plain x-rays, and because there is no documentation that the patient's status has significantly deteriorated since previous MRI's, which the patient has almost undoubtedly had.Based on evidence-based citations above and on the clinical documentation provided for my review, an MRI of the right wrist and hand is not medically necessary in this case.