

Case Number:	CM15-0001706		
Date Assigned:	01/12/2015	Date of Injury:	09/30/2013
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation

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 34 year old female with an injury date of 09/30/13. Based on the 12/10/14 progress report provided by treating physician, the patient complains of left wrist/hand pain rated 9/10 with weakness and numbness. Physical examination of the left wrist on 12/10/14 revealed decreased range of motion. Decreased grip strength 4/5, and sensation 4/5 at median and ulnar distributions. Positive Finkelstein's test. Patient has not taken medication due to breastfeeding; however she is requesting medication for pain, as she stopped breastfeeding. Per progress report dated 09/05/14, treater states "we need to obtain the medical records, MRIs and nerve study from her previous provider." Per progress report dated 12/10/14, treater requests "MRI of the left wrist to rule out internal derangement," "due to decreased functionality, persistent pain and failure of physical therapy in October 2014." Patient rated pain at 7/10, per treater report dated 09/05/14. The patient may return to work on modified duty per treater report dated 12/10/14. EMG/NCS of Left Upper Extremity 12/20/13- normal study- no evidence of carpal tunnel syndrome, ulnar neuropathy, radial neuropathy, or cervical radiculopathy. MR Arthrography Left Wrist 12/09/13- full thickness defect of the scapholunate interosseous ligament membranous and volar portions- 13mm ganglion cyst at the dorsum of the wrist at the level of the lunocapitate articulation, intimate with the dorsal scaphotriquetral ligament. Additional ganglion cyst versus fluid-filled joint recess is present at the volar aspect of the radioscaphoid articulation, measuring 12 x 12mm. Diagnosis 10/14/14, 12/10/14- left wrist subclinical carpal tunnel syndrome- left wrist de Quervain's tenosynovitis- left upper extremity overuse syndrome- pregnancy. The utilization

review determination being challenged is dated 12/22/14. Treatment reports were provided from 12/09/13 - 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266-269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's (magnetic resonance imaging)

Decision rationale: The patient presents with left wrist/hand pain rated 9/10 with weakness and numbness. The request is for REPEAT MRI LEFT WRIST. Patient's diagnosis on 12/10/14 includes left wrist subclinical carpal tunnel syndrome, left wrist de Quervain's tenosynovitis, and left upper extremity overuse syndrome. Patient has not taken medication due to breastfeeding; however she is requesting medication for pain, as she stopped breastfeeding, per progress report dated 12/10/14. The patient may return to work on modified duty per treater report dated 12/10/14. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) states: "Indications for imaging -- Magnetic resonance imaging (MRI):- 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 disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. "Per progress report dated 09/05/14, treater states "we need to obtain the medical records, MRIs and nerve study from her previous provider." EMG/NCS of Left Upper Extremity dated 12/20/13 and MR Arthrography Left Wrist 12/09/13 were provided. Per progress report dated 12/10/14, treater requests "MRI of the left wrist to rule out internal derangement," "due to decreased functionality, persistent pain and failure of physical therapy in October 2014." Patient rated pain at 7/10, per treater report dated 09/05/14, which was increased to 9/10 with weakness and numbness per progress report dated 12/10/14. Though pain was increased and treater states suspicion of internal derangement, there is no significant change in symptoms or findings suggestive of significant pathology. MR Arthrography of the Left Wrist dated 12/09/13 revealed "full thickness defect of the scapholunate interosseous ligament membranous and volar portions." Routinely ordering MRI to address pain is not recommended. For chronic wrist pain, there also has to be suspicion of tissue tumor, Kienbock's disease, or gamekeeper injury according to ODG guidelines. Therefore, the request for repeat MRI IS NOT medically necessary.