

Case Number:	CM15-0014275		
Date Assigned:	02/02/2015	Date of Injury:	09/22/2014
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old female, who sustained an industrial injury on September 22, 2014, due to repetitive job duties. She has reported pain in the bilateral wrists, elbows, and shoulders. The diagnoses have included right hand strain/sprain rule out tendinitis, carpal tunnel syndrome, left hand strain/sprain rule out tendinitis, carpal tunnel syndrome, right wrist strain/sprain rule out internal derangement, triangular fibrocartilage complex (TFCC), left wrist strain/sprain rule out internal derangement, left shoulder strain/sprain rule out tendinitis, impingement, and bilateral elbow strain/sprain rule out lateral epicondylitis. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of left shoulder pain, bilateral elbow pain, bilateral forearm pain, bilateral wrist and hand pain, neck pain, and bilateral knee pain. The Primary Treating Physician's report dated January 7, 2015, noted tenderness of the lateral epicondyle of the elbows, right greater than left, with tenderness noted over the distal radioulnar joint as well as the triangular fibrocartilage complex, with abnormal motor power and sensation of the hands. The Physician noted positive Tinel's and Phalen's tests over the carpal tunnel region. On January 7, 2015, Utilization Review non-certified a MRI of the left hand, noting evidence of weeks-months of a recent reasonable and/or comprehensive non-operative treatment protocol trial and failure had not been submitted. The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited. On January 26, 2015, the injured worker submitted an application for IMR for review of a MRI of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRIs (magnetic resonance imaging)

Decision rationale: According to ODG guidelines, MRI of the wrist -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. 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. (Mays, 2008). There is no documentation that the patient is suspected of hand fracture despite normal x rays. There is no indication of hand MRI as per ODG criteria. Therefore, the request for MRI of the left hand is not medically necessary.