

Case Number:	CM15-0115737		
Date Assigned:	06/24/2015	Date of Injury:	02/24/2012
Decision Date:	08/04/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 53 year old female who sustained an industrial injury on 02/24/02. Initial complaints and diagnoses are not available. Treatments to date include a lumbar epidural steroid injection, medications, and conservative care. Diagnostic studies include a lumbar spine MRI on 06/23/12 and an electrodiagnostic study on 10/01/12. Current complaints include low back and bilateral shoulder pain with numbness and tingling in the left hand. Current diagnoses include lumbar spine sprain/strain with multiple herniated discs, and lower extremity radiculopathy, cervical spine sprain/strain, bilateral shoulder degenerative joint disease, anxiety and depression, and bilateral knee sprain/strain. In a progress note dated 04/09/15 the treating provider reports the plan of care as a second lumbar epidural steroid injection, electrodiagnostic studies of the bilateral upper extremities, and MRIs of the left wrist and hand, as well as medications including Soma, Motrin, and Ambien. The requested treatments include MRIs of the left wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the Left Wrist: Overturned

Claims Administrator 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: Forearm, Wrist, and Hand (Acute & Chronic) - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Wrist.

Decision rationale: Per ODG, Forearm, Wrist and Hand: 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. In this case, the patient's physician was concerned about avascular necrosis (Kienbock's) disease, and the patient actually had an MRI in May 2015. This study confirmed avascular necrosis. The MRI was appropriate to evaluate for Kienbock's disease. The request is medically necessary.

MRI (magnetic resonance imaging) of the Left Hand: Upheld

Claims Administrator 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: Forearm, Wrist, and Hand (Acute & Chronic) - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI wrist.

Decision rationale: ODG does not specify indications for MRI of the hand. Generally, an MRI of the wrist included the entire hand. The patient does not specifically require an MRI of the hand because her primary complaint was wrist pain. The request is not medically necessary.