

Case Number:	CM15-0121175		
Date Assigned:	07/01/2015	Date of Injury:	09/08/2000
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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: Emergency 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 65 year old male who reported an industrial injury on 9/8/2000. His diagnoses, and/or impressions, are noted to include: right wrist degenerative joint disease with right scapholunate advanced collapse with osteoarthritis and underlying inflammatory arthritis, status-post right wrist surgery, and right wrist flexor tenosynovitis following surgery; status-post right carpal tunnel release (11/2012); status-post right wrist ganglion cyst excision with carpal tunnel revision; and bursitis of the bilateral shoulders. No current x-rays, imaging or electrodiagnostic studies were noted. His treatments have included surgical consultations and right wrist surgery; trans-cutaneous electrical nerve stimulation unit therapy; removable Spica thumb cast; medication management with toxicology screenings; and return to work with no position waiting for him. The surgeon's follow-up progress notes of 5/15/2015 reported complaints of right upper extremity complaints with constant shooting pain up the arm, a lump, swelling and pain in the wrist, pain with squeezing, and catching and locking of the wrist; worsened, constant, severe pain in the right wrist that shoots up the underside of the forearm, with numbness/tingling in the right hand that is aggravated by activity and helped with rest. Objective findings were noted to include post-traumatic changes at the right index finger nail; bilateral thenar atrophy; decreased range-of-motion in the right wrist; positive right Tinel's at the elbow; tenderness at the right carpometacarpal thumb joint and right wrist with positive right thumb "CMC" grinding maneuver; and the refusal of all upper extremity measurements due to pain. The physician's requests for treatments were noted to include magnetic resonance imaging studies 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 268-269.

Decision rationale: As per ACOEM guidelines, indications for wrist imaging include red flag findings, physiological evidence of new neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. The requesting provider has not documented any worsening symptoms or rationale for request. The neurological exam is benign. Patient already had prior MRI done 1 year prior. MRI is most useful in detecting infections and arthritis of the wrist. The provider has failed to provide rational evidence or need for a new MRI with no significant change in symptoms. MRI of right wrist is not medically necessary.