

Case Number:	CM15-0048465		
Date Assigned:	03/20/2015	Date of Injury:	03/21/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/13/2015

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, with a reported date of injury of 03/21/2013. The diagnoses include left hand paresthesia, status post left open reduction internal fixation, and left thumb numbness. Treatments to date have included electrodiagnostic studies. Currently, the injured worker complains of left hand pain. The progress report dated 02/17/2015 indicates that the objective findings were unchanged. The treating physician requested an MRA of the left wrist and an MRA of the thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRA of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic); ODG Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRA (magnetic resonance angiography). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, MRA "Recommended as indicated below. Since the development of CT in the mid-1970s, the need for cerebral angiography for head injury has dramatically declined. Cerebral angiography has a role in demonstrating and managing traumatic vascular injuries such as pseudoaneurysm, dissection, or diagnosis and neurointerventional treatment of uncontrolled hemorrhage. Vascular injuries typically occur with penetrating trauma (i.e., gunshot wound or stabbing), basal skull fracture, or trauma to the neck. MRA is helpful for screening of vascular lesions such as thromboses, pseudoaneurysms, or dissection. Dynamic spiral CT angiography (CTA) and magnetic resonance angiography (MRA) have a role as less invasive screening tools for detection of traumatic vascular lesions. MRA and fat-suppressed T1-weighted MR or CTA may reveal carotid or vertebral dissection, although angiography remains the standard. (Davis, 2008)Indications for magnetic resonance angiography: Closed head injury, rule out carotid or vertebral artery dissection. Penetrating injury, stable, neurologically intact. Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving."There is no clear of vascular disorder of the wrist that will require an MRA. Therefore, the request for 1 MRA of left wrist is not medically necessary.

1 MRA of thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic); ODG Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRA (magnetic resonance angiography). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, MRA "Recommended as indicated below. Since the development of CT in the mid-1970s, the need for cerebral angiography for head injury has dramatically declined. Cerebral angiography has a role in demonstrating and managing traumatic vascular injuries such as pseudoaneurysm, dissection, or diagnosis and neurointerventional treatment of uncontrolled hemorrhage. Vascular injuries typically occur with penetrating trauma (i.e., gunshot wound or stabbing), basal skull fracture, or trauma to the neck. MRA is helpful for screening of vascular lesions such as thromboses, pseudoaneurysms, or dissection. Dynamic spiral CT angiography (CTA) and magnetic resonance angiography (MRA) have a role as less invasive screening tools for detection of traumatic vascular lesions. MRA and fat-suppressed T1-weighted MR or CTA may reveal carotid or vertebral dissection, although angiography remains the standard. (Davis, 2008)Indications for magnetic resonance angiography: Closed head injury, rule out carotid or vertebral artery dissection. Penetrating injury, stable, neurologically intact. Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving".There is no clear

of vascular disorder of the thumb that will require an MRA. Therefore, the request for 1 MRA of thumb is not medically necessary.