

Case Number:	CM15-0098769		
Date Assigned:	06/03/2015	Date of Injury:	09/02/2005
Decision Date:	07/01/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old female patient who sustained an industrial injury on 09/02/2005. The accident was described as while working as a union organizer she was injured. The patient underwent a magnetic resonance imaging study on 05/12/2015 of the left wrist that revealed no soft tissue mass; thick postsurgical scarring across the trapezium resection bed and extending around both abductor pollicis longus and extensor pollicis brevis tendons from the radius to the 1st metacarpal base level. There is also note of a small volar ganglion cyst along the radioscaphoid capsule. A primary treating office visit dated 10/15/2014 reported the patient as status post right total knee replacement on 12/02/2008; status post left total knee replacement 05/08/2014; right hand/wrist strain/sprain; right thumb CMC joint arthritis and subluxation; left hand first CMC joint arthritis; L4-5 acquired spinal stenosis with facet hypertrophy and small disc protrusion; L5-S1 and L3-4 small disc protrusions; status post right thumb CMC joint surgery and improve right hand second and third digits trigger finger. The plan of care involved the patient scheduling an appointment for a second opinion with hand surgeon, psychiatric follow up; continue with post-operative care of left knee. She will remain permanent and stationary. A follow up performed on 05/11/2015 reported the patient being status post a basal point arthroplasty. She is to refrain from therapy, continue splinting until symptom subsides.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Forearm, Wrist and Hand, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI wrist.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left wrist is medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseus ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnoses are left wrist pain, status post basal joint arthroplasty. In a progress note dated May 11, 2015, the treating provider states there is a palpable mass with crepitus and exquisite tenderness just proximal to the incision site. The injured worker has had this mass 4-5 weeks and neither splinting, ice, anti-inflammatories and physical therapy have alleviated the symptoms. The mass is most consistent with stenosing of the shortened repair of the abductor tendon. There are no plain x-rays in the medical record on or about the date of request for authorization May 20, 2015. The treatment plan is to drain the area after MRI evaluation. The guidelines recommend MRI evaluation for chronic wrist pain with normal plain films; suspected soft tissue tumor. The treating providers suspect the clinical finding is related to the previous surgery (stenosing shortened repair abductor tendon) and will attempt to drain the mass post MRI. Based on the clinical information in the medical record, a possible postoperative clinical suspicion with guideline recommendations for MRI with a suspected soft tissue tumor, MRI left wrist is medically necessary.