

Case Number:	CM14-0083321		
Date Assigned:	07/21/2014	Date of Injury:	04/11/2011
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	06/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 52 year old male with an injury date of 04/11/11. Based on the 04/04/14 progress report provided by [REDACTED], the patient has persistent left wrist pain and wears a wrist brace. Patient is left wrist pain status post wrist surgery (03/04/13). There is tenderness located over the left lunate bone. Thumb pain is possibly related to median nerve compression neuropathy vs. deQuervains tenosynovitis. Patient is on home exercises and takes pain medication. Physical exam of left hand shows Finkelstein's Test to be positive. Diagnoses are chronic pain syndrome and pain in limb possibly scapholunate collapse and trigger finger left thumb (left). [REDACTED] is requesting for MRI without contrast (left wrist/hand). The utilization review determination being challenged is dated 04/25/14. The rationale is that "there is no documentation provided of a suspect acute distal radial fracture, acute scaphoid fracture, suspect gamekeeper injury, or a soft tissue tumor, and no radiographic studies to support necessity, per ODG and MTUS guidelines. [REDACTED] is the requesting provider, and he provided treatment reports from 01/27/14 - 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast (left wrist/hand): Upheld

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

MAXIMUS 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) ODG-twc guidelines has the following regarding MRI of wrist:(http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm)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 Kienbick'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).

Decision rationale: The Official Disability Guidelines (ODG) has the following indications regarding MRI of wrist: "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 Kienbick'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)" The diagnosis from the treating physician report states, "possible scapholunate collapse and trigger finger left thumb." However, this was previously ruled out with prior MRI. The treating physician has asked for an updated MRI given the patient's persistent pain despite wrist surgery, but this is not an indication for repeat MRI. Unless there is a suspicion for scaphoid fracture, ligamentous injury, tumor or significant change in symptoms suggestive of significant pathology, repeat MRI is not indicated. Therefore, the request for a MRI without contrast (left wrist/hand) is not medically necessary and appropriate.