MAXIMUS Federal Services

Case Number:	CM13-0009886		
Date Assigned:	06/06/2014	Date of Injury:	12/18/2006
Decision Date:	10/31/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

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 & 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 67-year-old male with date of injury of 12/18/2006. The listed diagnoses per [redacted] from 08/28/2013 are: 1. Carpal tunnel syndrome. 2. Chronic pain. 3. Ulnar neuritis, bilateral. 4. Rule out dystonia.According to this report, the patient complains of upper extremity and bilateral wrists pain for which he had surgical intervention with [redacted]. He states that he has occasional and intermittent cramping in the hands bilaterally. The provider references an EMG/NCV report performed by [redacted] from 04/18/2013 that showed severe bilateral median neuropathy at the wrist, severe bilateral ulnar neuropathy at the elbows. There was no evidence of radiculopathy in this report. The patient currently rates his wrist pain 6/10 in severity and describes it as dull, aching, burning, and throbbing in character. He also has neck pain which radiates into the right upper extremity. The physical examination shows the patient has a slow gait with stiff and guarded movements, generalized moderate tenderness over the neck and shoulder girdle. There are scars consistent with previous surgeries listed in the HPI/PMH. Muscle strength of the major groups is 5/5 in the bilateral upper extremities. Impairment is noted to pinprick in the median distributions of the bilateral upper extremities. Deep tendon reflexes are normal and symmetrical. Tinel's sign is positive bilaterally at the carpal tunnels and cubital tunnels bilaterally. The utilization review denied the request on 07/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral elbows: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, MRI

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

Decision rationale: This patient presents with upper extremity and bilateral wrist pain. The provider is requesting an MRI of the bilateral elbows. The MTUS and ACOEM guidelines do not address this request. However, ODG Guidelines under the elbow chapter for MRI states, "magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different condition including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." The records do not show any previous MRI of the bilateral elbows. Only 29 pages of reports were provided for this review. It may be that the patient has had MRI's in the past but that information is not available. The provider notes on 06/28/2013 that he is recommending imaging of the elbow and wrist to evaluate for neural compression, scarring, fibrosis, or other potential indication for intervention. The request appears reasonable if the patient has not had a set of MRI's in the past. Recommendation is for authorization.

MRI of bilateral wrists: 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 (ODG), Forearm, Wrist, and Hand Chapter, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 341.

Decision rationale: This patient presents with upper extremity and bilateral wrist pain. The provider is requesting a follow-up with [redacted]. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in person or telephone. The utilization review denied the request but the UR letter is missing. In this case, ACOEM Guidelines supports follow-up evaluations, and the request is reasonable. Recommendation is for authorization.

Follow-up with [redacted]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Algorithms 8-2, 10-2, and 11-2..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines page 341 supports orthopedic follow-up evaluations

Decision rationale: This patient presents with upper extremity and bilateral wrist pain. The provider is requesting an MRI of the bilateral wrists. The MTUS and ACOEM Guidelines do no address this request. However, ODG Guidelines on MRI of the wrists under the forearm, wrist, and hand chapter states, "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 interosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities." The records do not show any previous MRI of the bilateral wrist. The provider notes on 06/28/2013 that an MRI of the wrist is recommended to evaluate for neural compression, scarring, fibrosis, and other potential indication for intervention. In this case, given no record of prior MRI's and the patient's persistent pain, a set of MRI's appear reasonable and supported by the guidelines. Recommendation is for authorization.