

Case Number:	CM13-0025059		
Date Assigned:	11/20/2013	Date of Injury:	12/19/2011
Decision Date:	01/08/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 33 year old male with a date of injury of 12/19/2011. According to [REDACTED] 8/06/13 report the patient's diagnoses include: chronic left wrist pain secondary to left wrist sprain rule out ligamentous injury; chronic left ankle sprain; exacerbation of lumbar and thoracic pain due to industrial injury sustained on 12/19/11. The progress report noted that the patient had left wrist and left ankle pain with tenderness noted on exam. It was noted that the patient has chronic lumbar back pain from a 6/24/09 injury with a L4-L5 disc herniation noted on MRI of 1/25/10; chronic bilateral lower extremity radicular symptoms, not active; chronic neuropathic pain of the lower back and lower extremities. The patient had a MRI of the left wrist on 5/30/13 that was suggestive of a triangular fibrocartilage complex (TFCC) tear and a MR arthrogram of the left wrist was recommended by [REDACTED] the radiologist. [REDACTED] then requested a hand surgery consultation to follow the MR arthrogram. A request was also made for a repeat lumbosacral MRI without any rational or any subjective or objective findings noted on this date of service. However, the 6/11/13 progress report noted that the patient continued to have neck, upper and lower back pain. Objective findings indicated a slight decrease in lumbar range of motion and paralumbar tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI L/S between 9/5/13 and 10/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM Guidelines states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. This patient does not present with "unequivocal objective findings" that would include neurologic changes or positive root tension signs with specific radicular symptoms. The request for 1 Repeat MRI L/S between 9/5/13 and 10/20/13 is not medically necessary and appropriate.

Referral to hand surgeon re: Left TFCC pending diagnostic testing for consultation between 9/5/13 and 10/20/13: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM Guidelines state that "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The medical records indicate that the patient continues to struggle with left wrist pain from the 2011 injury with recent MRI findings suggestive of a fibrocartilage tear. The request for a hand surgery consultation is reasonable. The request for 1 referral to a hand surgeon re: Left TFCC pending diagnostic testing for consultation between 9/5/13 and 10/20/13 is medically necessary and appropriate.