

Case Number:	CM13-0053839		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2013
Decision Date:	03/14/2014	UR Denial Date:	11/03/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 60-year-old male who reported an injury on 03/05/2013. The mechanism of injury involved a fall. The patient is currently diagnosed as status post left distal radius fracture, left wrist mild carpal tunnel syndrome, right wrist strain with ulnar impingement, left shoulder bursitis/impingement, left shoulder symptomatic AC degenerative joint disease, history of a closed head trauma, left shoulder SLAP lesion, left wrist TFCC tear, and left distal radial fracture. The patient was seen by [REDACTED] on 09/27/2013. The patient reported left shoulder and bilateral wrist pain. The patient was status post TFCC corticosteroid injection with 50% relief. Physical examination of the bilateral wrists revealed positive Tinel's and Phalen's testing, tenderness to palpation over the TFCC joint, full range of motion, and 4/5 grip strength. X-rays taken of the bilateral wrists on 07/29/2013 indicated left radial shortening with a prominent ulna. An EMG/NCV study obtained on 09/11/2013 indicated carpal tunnel syndrome on the left. Treatment recommendations included an MRI of the bilateral wrists, a consultation with a spine specialist, and a consultation with a hand sub specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. As per the documentation submitted, the patient had already undergone an EMG/NCV study on 09/11/2013, which indicated mild carpal tunnel syndrome. The patient's physical examination of the bilateral wrists revealed full range of motion with only tenderness to palpation over the TFCC joint and mildly positive Phalen's and Tinel's testing on the left. While an MRI of the left wrist may be warranted, the medical necessity for an MRI of the right wrist has not been established. Based on the clinical information received, the request is non-certified.

Consultation with a spine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if a practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient presents with symptoms of left shoulder and bilateral wrist pain. There is no documentation of a physical examination of the cervical spine on the requesting date of 09/27/2013. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.