

Case Number:	CM13-0057508		
Date Assigned:	04/16/2014	Date of Injury:	03/08/2012
Decision Date:	05/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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 26-year-old female who was injured on 03/08/2012. The mechanism of injury is unknown. The prior treatment history has included home exercise program with stretching, ice, medications and therapy. The patient underwent right hand surgery performed in August 2012. The primary treating physician's report dated 08/12/2013 documented on orthopedic examination of the right shoulder, there was tenderness of the subacromial region; abduction to 155 degrees; internal rotation to 40 degrees; and impingement sign was positive. The right elbow had tenderness of the lateral and medial epicondyles. There was full range of motion. Tinel's sign was negative at the ulnar nerve. The scar of the surgery at the right wrist had healed satisfactorily. There was residual paresthesia in the distribution area of the median nerve. The patient was diagnosed with impingement syndrome at the right shoulder with tendinitis, medial and lateral epicondylitis at the right elbow and status post carpal tunnel release. Progress report dated 08/09/2013 was not legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, BILATERAL HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-271. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), WRIST, FOREARM AND HAND CHAPTER, 271-271.

Decision rationale: The ACOEM guidelines states that "repeat MRI (magnetic resonance imaging) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the patient appears to be complaining of shoulder pain and most of the notes are illegible. Given the lack of clinical data to support the request, the request for MRI of lateral hand is not certified.