

Case Number:	CM13-0061265		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2012
Decision Date:	04/18/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery 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:

This claimant is a 67-year-old female injured in a work-related accident January 30, 2012. The clinical records provided for review indicated that the claimant sustained multiple orthopedic injuries including the right wrist, right knee, right ankle, thoracic spine, and lumbar spine. Review of an assessment dated 12/13/13, documented ongoing complaints of cervical and lumbar pain, wrist and elbow pain. Examination showed positive Tinel's sign at the right wrist with diminished flexion and tenderness to palpation. Clinical findings in regard to the lumbar spine and elbow were not noted. Imaging reports pertaining to the claimant's lumbar spine were not provided. Treatment to the claimant's wrist also was not noted. At present, there is a request for a multiple issues including bilateral ultrasound evaluation of the elbows and MRI scan of the lumbar spine and a right de Quervain's surgical release.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND BILATERAL ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 271-273, 40-43.

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

Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Ultrasound, diagnostic.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, elbow ultrasound would not be indicated. The claimant's current clinical presentation does not indicate any physical examination findings of the elbow or documentation of previous imaging to the elbow to support the acute need of ultrasound evaluation. The absence of documented physical examination findings and prior imaging studies would fail to support the above request.

LUMBAR MRI AND RIGHT DE QUERVAIN'S RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 187, 271.

Decision rationale: Based on California ACOEM guidelines, the request for a lumbar MRI would not be indicated. The claimant's current clinical picture does not indicate an acute radicular process or significant change in symptomatology. The absence of acute clinical findings would fail to necessitate the role of a repeat lumbar MRI at this chronic stage in the claimant's clinical course of care. Therefore is not medically necessary. Also based on ACOEM guidelines, a right de Quervain's release would not be indicated as the role of first-line conservative measures such as injection therapy have not been documented. The absence of the above would fail to necessitate the surgical process in question. Therefore the request is not medically necessary.