

Case Number:	CM13-0063336		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2013
Decision Date:	05/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 Pain Management 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 51 year old male who was injured on 03/19/2013. He reported lifting lumber that he noted weighed approximately 100 pounds. He was setting down a piece when it pulled his right upper extremity. As a result of this injury, he noted that he had a right shoulder surgery by [REDACTED] on 06/14/2013. He was doing physical therapy, which he has found to be helpful for his symptoms. He noted since the surgery, it has significantly improved his symptoms. Prior treatment history has included physiotherapy and HEP; medications include hydrocodone/APAP 10/325, Darvan, and Norco. Diagnostic studies reviewed include MRI of the right wrist dated 10/29/2013 revealed 1) Distal radioulnar degenerative change with probable TFCC tear near the radial attachment and with lunate edema and cystic change; may be seen with bone marrow trabecular injury versus component of avascular necrosis with intercarpal effusion and synovitis; 2) MRI features did raise questions for carpal tunnel syndrome; and 3) Degenerative change, first carpometacarpal and metacarpophalangeal joints. A PR-2 dated 11/01/2013 indicated the patient presented with complaints of right shoulder, right elbow and right wrist symptoms. He was declaring pain on a 4-5/10 pain level. The patient had continued physiotherapy. Objective findings on exam revealed range of motion exhibited flexion to 60; extension to 50; radial Final Determination Letter for IMR Case Number CM13-0063336 3 deviation to 10; ulnar deviation to 30. He was tender to palpation over the flexor tendons. Negative Finkelstein's; negative Tinel's; negative Phalen's; negative carpal compression test. His grip strength was 5/5. He had no sign of infection and range of motion was full in all MCP and IP joints. He had no triggering of any fingers or thumb. The patient was diagnosed with 1) status post right shoulder scope on 06/14/2013; right elbow medial epicondylitis; right flexor tenosynovitis; MRI findings of right elbow of common extensor tendon origin partial tear and bursitis; and MRI findings of the right wrist of probable TFCC tear near radial attachment with lunate edema and cystic change with

MRI feature of question for carpal tunnel syndrome and DJD of first carpal metacarpal and metacarpal phalangeal joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 268-269. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, MRIs

Decision rationale: As per CA MTUS guidelines, MRI is recommended to clarify the diagnosis if the medical history and physical examination suggest specific disorders. This patient continues to have pain in right shoulder, right wrist, right elbow and right hand. There is MRI of the right wrist done on 10/29/2013 that indicates distal radioulnar degenerative change with probable TFCC tear near the radial attachment and with lunate edema and cystic change, 1st CMC and MP joint degenerative change, and questionable CTS. The most recent physical exam dated 11/01/2013 documents his right wrist ROM as flexion 60, extension 50, radial deviation 10, and ulnar deviation 30; tenderness to palpation over flexor tendons, but otherwise unremarkable exam with negative Finkelstein, negative Tinel, negative Phalen, negative Carpal Compression test; 5/5 grip strength, no sign of infection; no triggering of fingers/thumb; and full range of motion of all MCP. There was documentation that patient is continuing physical therapy program and has noted improvement. Since there is no documentation of failure of physical therapy program as well as there is no documentation of significant abnormal objective findings, the request for MRI of the right wrist is not medically necessary and is non-certified.