

Case Number:	CM14-0014955		
Date Assigned:	02/28/2014	Date of Injury:	04/10/2013
Decision Date:	05/28/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 Arizona. 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 sustained an injury to her left upper extremity as a result of a slip and fall on 4/10/13. As a result of the fall, she complained of severe pain in her left shoulder, neck, left elbow, left wrist, and low back pain. The patient had an MRI scan of her left elbow on 7/11/13 and it was a negative study. Plain x-rays of the elbow, forearm, wrist, and hand also showed no significant abnormalities. Electrodiagnostic studies of the left arm performed on 8/26/13 were entirely normal. Examination by a neurologist on 11/18/2013 revealed diffuse pain in her left arm going from her wrist all the way up to her neck, associated with numbness in the left arm with paresthesia of the last 3 fingers, difficulty sleeping, left-sided pain, and muscle twitching, shoulder had some pain on motion. The patient had diffuse tenderness throughout the wrist and elbow with a negative Phalon and Tinel sign. There is decreased sensation along the left side of the face arm and left leg. There was giveaway weakness of the left arm. MRI scan of her shoulder, elbow and wrist were requested by her primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI JOINT UPPER EXTREMITIES WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 207, 238, 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 201-202, 207-208.

Decision rationale: This patient demonstrated severe pain and tenderness in several of the joints of the upper extremity without any objective findings. The neurologist found a considerable amount of functional overlay with respect to sensory and motor testing. Plain x-rays of her shoulder elbow and wrist showed no abnormalities. The patient had an MRI scan of her elbow which was read as a normal study. There is no diagnosis of the shoulder other than nonspecific pain. The MTUS guidelines state that further tests are not indicated with this diagnosis. There are no red flags present. There is no evidence of tissue insults or neurovascular dysfunction. Surgery is not contemplated. These are the primary reasons for ordering imaging studies and they are not present in this patient. With regards to her wrist, no red flags are present. The patient has severe pain without any objective findings. There is no documentation of tenderness in the snuffbox or injury to the thumb, electrodiagnostic studies are negative, there is no joint effusion, and plain x-rays are negative. According to MTUS guidelines, the medical necessity for an MRI of the wrist has not been demonstrated. With regards to the elbow, no red flags are present. Plain x-rays were negative for fractures or dislocations. There is no evidence that the patient has a condition that would be correctable by invasive treatment. Electrodiagnostic studies were negative. The patient has severe pain without any objective findings. According to MTUS guidelines, the medical necessity of an MRI scan of the elbow has not been established. (Patient did have an MRI scan of her elbow which showed no abnormalities.) Therefore, the request for MRI Joint Upper Extremities without dye is not medically necessary and appropriate.