MAXIMUS Federal Services

Case Number:	CM14-0019533		
Date Assigned:	04/23/2014	Date of Injury:	05/09/2012
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/15/2014

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 Occupational Medicine, 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 an employee of [redacted] and has submitted a claim for left arm pain associated with an industrial injury date of May 9, 2012. Treatment to date has included left first dorsal extensor compartment release and left middle finger trigger finger release (1/11/13), physical therapy, steroid injection, home exercise program, and medications which include hydrocodone, naproxen and tramadol. Medical records from 2012-2014 were reviewed the latest of which dated March 22, 2014 which revealed that the patient states that pain in the left shoulder, left elbow, and left wrist is between 4 and 6/10 with the help of medication. She states that exercises aggravate the pain. She continues to do the exercises that were shown to her before she had her surgery as well as new exercises recommended. She continues to feel numbness and tingling, however, that it is more localized in the wrist and hand area, but the pain radiates above the hand and wrist. She also states that at time she feels the twitching of her fingers or the shaking of her fingers and states that when that happens, she feels a pulling sensation in her wrist. On examination of the cervical spine, there was stiffness and tenderness on the left side of trapezius. Left rotation is painful; however, there was no limitation in range of motion. On examination of the left shoulder, there is tenderness noted at the AC joint. There is full range of motion, however, the patient was complaining of pain at the extreme range of motion in abduction, extension, internal rotation and external rotation. On examination of the left elbow, there is tenderness noted on the lateral epicondyle. On examination of the left wrist, there is slight swelling on radial deviation. There is a well-healed surgical scar on the volar aspect of the wrist at the base of the middle finger. There is tenderness noted throughout the extensor compartment starting from the wrist to the lateral side of the left elbow. There was full range of motion on flexion and extension, but the patient was uncomfortable and complained of pain on radial deviation. Utilization review from January 30, 2014 denied the request for MRI OF LEFT

ARM (ELBOW, FOREARM, WRIST AND HAND because repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT ARM (ELBOW, FOREARM, WRIST AND HAND): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: CA MTUS ACOEM criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. Furthermore, ODG states that MRI's are recommended for acute hand or wrist trauma and chronic wrist pain, suspected of soft tissue tumor, etc. Guidelines also recommend MRI of the elbow for patients with chronic elbow pain. In this case, the documents submitted do not indicate if there were previous diagnostic procedures performed. In the recent clinical evaluation, the patient still reported of chronic left arm pain, without new complaints. Also, the physical examination did not show worsening of the patient's condition that may warrant further investigation by utilizing MRI. The medical necessity for MRI has not been established. Therefore, the request for MRI OF LEFT ARM (ELBOW, FOREARM, WRIST AND HAND) is not medically necessary.