

Case Number:	CM14-0160899		
Date Assigned:	10/06/2014	Date of Injury:	11/01/2012
Decision Date:	11/17/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 claimant is a 51-year-old male who was injured on 11/01/2012 while opening a door to a metal cage. The door was difficult to open and the patient felt a pop and pulling of the right bicep. Prior treatment history has included 8 sessions of physical therapy, H-wave, and home conditioning. Diagnostic studies reviewed include MRI of the right upper extremity without contrast dated 09/25/2014, which revealed trace physiologic elbow joint fluid, moderate tendinosis common extensor tendon without tear. The distal biceps tendon is intact as well as intact lacertus fibrosis. There are findings compatible with mild strain (grade I injury) of the biceps muscle fibers at the edge of the field of view of this examination at the level of the distal humeral shaft. Progress report dated 07/28/2014 states patient presented with complaints of continued pain and has received physical therapy but discontinued the therapy due to the pain. On exam, the right shoulder revealed tenderness on the right acromioclavicular joint, right supraspinatus tendon, right impingement sign. He has pain on range of motion with forward flexion at 165; abduction at 140. The patient is diagnosed with non-traumatic complete rupture of the rotator cuff and non-traumatic biceps tendons. The patient was recommended for an MRI of the right forearm to rule out internal derangement. The utilization review dated 09/19/2014 states the request for MRI of the right forearm is denied as there is no evidence to support it.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, MRI (Magnetic resonance imaging)

Decision rationale: The ODG indications for Magnetic Resonance Imaging (MRI) of the wrist/hand: acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); chronic wrist pain, plain films normal, suspect soft tissue tumor; chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Guidelines also state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there are no specific guidelines for MRI of the forearm so using the nearest body part is appropriate. There is no documentation of the descriptions to indicate the need for MRI. There is no acute injury or trauma to the forearm, no suspicion of soft tissue tumor or Kienbck's disease (or other bone disease). The guidelines above state MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, which was not provided. Note from 7/28/14 only states "Patient has right shoulder pain 7/10 and right biceps pain 8/10; anterior elbow & forearm pain" and exam findings address the elbow range of motion decrease and do not mention forearm significant pathology. Therefore, based on the above guidelines and criteria as well as the clinical documentation listed above, the request is not medically necessary.