

Case Number:	CM14-0169340		
Date Assigned:	10/17/2014	Date of Injury:	05/08/2014
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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, Pain 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 injured worker is a 39-year-old female who sustained an injury on 5/8/14. As per the 8/21/14 report, she presented with occasional moderate achy, stabbing, and throbbing lumbar pain with numbness and tingling; constant moderate left elbow pain with tingling; constant severe sharp stabbing and burning pain in the left wrist with numbness and tingling; and constant severe sharp stabbing left fingers pain with numbness and tingling. Examination revealed decreased left grip strength compared to right, painful lumbar ROM with tenderness to palpation of the lumbar paravertebral muscles, painful left elbow ROM with tenderness to palpation of the medial elbow, painful wrist motion and volar tenderness. As per the UR determination notes, MRI of the left hand dated 9/9/14 revealed volar flexor tendinopathy of the index and middle finger. MRI of the cervical spine dated 9/9/14 revealed a 1mm central disc protrusion contacting that cord at the C5-6 level. MRI of the left shoulder dated 9/9/14 revealed supraspinatus tendinosis and infraspinatus enthesopathy. She was prescribed Naproxen, Flexeril, Omeprazole, Tylenol and compound topical creams, cream #1 containing cyclobenzaprine and flurbiprofen and cream #2 containing gabapentin, amitriptyline and dextromethorphan. Twelve sessions of physical therapy to the left hand and left shoulder were authorized recently. She is also undergoing acupuncture and chiropractic treatments. Diagnoses include lumbago, rule out disc protrusion, rule out lumbar radiculitis versus radiculopathy, left ulnar nerve entrapment, rule out left lateral epicondylitis, rule out left carpal tunnel syndrome, and rule out left wrist internal derangement. The retrospective request for MRI of the left wrist and elbow (unsure of DOS) was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI left wrist and elbow (unsure of DOS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-P33-34 Official Disability Guidelines, Forearm, Wrist and hand Chapter-MRI Official Disability Guidelines, Elbow Chapter-MRI

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

Decision rationale: Per ODG, MRI of the wrist is indicated in acute trauma with suspected fracture of distal radius or scaphoid (with a normal radiograph), thumb MCP ulnar collateral ligament injury; or in chronic wrist pain with suspected soft tissue tumor or in Kienbock's disease. Per ODG, MRI of the elbow is indicated in chronic elbow pain with suspected intra-articular osteocartilaginous body, suspected occult osteochondral injury, suspected nerve entrapment or mass, chronic epicondylitis, suspected collateral ligament tear, suspected biceps tendon tear/bursitis when plain radiographs non-diagnostic. The medical records do not indicate the above criteria are met in this case. Therefore, the request is considered not medically necessary in accordance to guidelines.