

Case Number:	CM14-0032952		
Date Assigned:	04/18/2014	Date of Injury:	05/26/2009
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 Family Practice, has a subspecialty in 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:

This patient is a 43 year old female claimant sustained a work injury on 5/26/09 resulting in meniscal tea of the left knee along with bilateral wrist pain and elbow pain. An examination on 1/14/14 indicated the claimant had been taking oral analgesics and applying topical creams to manage pain. She had been performing home exercises with no improvement in function or symptoms. Her pain was 7/10. Examination was notable for stiff arms and shoulders. There were no neurological findings. An exam report on 2/12/14 indicated that there was a growing nodule on the right elbow. There was diffuse tenderness in the right and left elbow but no mass was noted. An EMG on 2/10/14 was consistent with bilateral carpal tunnel. An ultrasound was performed on 2/26/14 with normal findings and an MRI was recommended if there was a palpable abnormality on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FOREARM AND WRIST COMPLAINTS Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FOREARM AND WRIST COMPLAINTS Page(s): 269-272.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines: an MRI is optional prior to examination by a qualified specialist. An MRI is more appropriate to diagnose infection. There was no mention of concern of infection or tumor. The request for an MRI is not medically necessary.

MRI FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FOREARM WRIST AND HAND COMPLAINTS Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FOREARM AND WRIST COMPLAINTS Page(s): 269-272.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines: an MRI is optional prior to examination by a qualified specialist. An MRI is more appropriate to diagnose infection. There was no mention of concern of infection or tumor. The mass effect described was not noted on physical exam or MRI. The request for an MRI is not medically necessary.

MRI FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601-602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to the Elbow Disorders Chapter ACEOM guidelines: An MRI is indicated for suspected ligament tears. In this case, the claimant's complaints and exam findings were no consistent with ligament injury. There were no red flag findings such as tumor, infection, acute neurological sequelae, etc. As a result, an MRI of the left elbow is not medically necessary.

MRI FOR THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601-602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to the Elbow Disorders Chapter ACEOM guidelines: An MRI is indicated for suspected ligament tears. In this case, the claimant's complaints and exam findings were no consistent with ligament injury. There were no red flag findings such as tumor, infection, acute neurological sequelae, etc. As a result, an MRI of the right elbow is not medically necessary.