

Case Number:	CM14-0047192		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2013
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics and is licensed to practice in New York. 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 55 year old woman with a date of injury of 6/15/13. She was seen by a physical medicine and rehabilitation consultant on 2/10/14 with complaints of burning neck pain radiating to her bilateral upper extremities, back pain radiating to her lower extremities and numbness and weakness in her lower extremities. Her current medications included flexeril, naproxen and vicodin. Her physical exam showed normal range of motion of the cervical spine and her extremities did not demonstrate abnormalities. Motor testing was 5/5 grossly and she had tenderness to palpation in her wrists, elbows and shoulders. Sensation was intact. She had an abnormal electrodiagnostic study showing severe median neuropathy across both wrists, slightly worse on the left. There was no evidence of ulnar, radial or peripheral neuropathy and no chronic denervation to suggest a motor cervical radiculopathy. At issue in this review is the request for an MRI of the elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 341-343, 601-602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic right upper and lower extremity and back pain is for a MRI of the right elbow. The records document a physical exam with pain with palpation of the elbows, shoulders and wrists but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. Electrodiagnostic studies show a median neuropathy bilaterally. The medical records do not justify the medical necessity for a right elbow MRI.

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 341-343, 601-602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic right upper and lower extremity and back pain is for a MRI of the right wrist. The records document a physical exam with pain with palpation of the elbows, shoulders and wrists but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. Electrodiagnostic studies show a median neuropathy bilaterally. The medical records do not justify the medical necessity for a right wrist MRI.