

Case Number:	CM14-0053877		
Date Assigned:	09/03/2014	Date of Injury:	09/18/2012
Decision Date:	09/30/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 09/18/2012, caused by an unspecified mechanism. The injured worker was evaluated on 03/13/2014, and it was documented the injured worker complained of neck pain with mid and upper back pain, and also radiating pain into upper extremities and finger, numbness/tingling, upper back pain, bilateral wrist pain, and bilateral shoulder pain. Examination showed no cervical tenderness, right trapezius muscle tenderness with trigger points, normal upper extremity muscle testing, decreased bilateral shoulder flexion was 110/111 bilateral shoulder hypomobility, some decreased bilateral wrist motion, positive bilateral wrist Phalen's test. Normal finger motion, interscapular muscle tenderness, T3-7. There was no conservative care treatment submitted for this review. Range of motion for right wrist was dorsiflexion 50 degrees, volar flexion was 60 degrees, ulnar deviation 40 degrees, and radial deviation was 20 degrees. Diagnoses included myoligamentous strain of the cervical spine, myoligamentous strain of the thoracic spine, and inflammatory process of the shoulders bilaterally, rule out stiff shoulder syndrome bilaterally. The Request for Authorization dated 03/21/2014 was for MRI arthrogram of right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines and ODG (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for MRI arthrogram is not medically necessary. The American College of Occupational and Environmental Medicine state that special studies for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Most patients improve quickly provided any red flag conditions are ruled out. If symptoms have not resolved in 4-6 weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggests specific disorders. The injured worker indicated she had EMG/NCS of upper extremities, however the findings were not submitted for this review. Within the documentation, there is not a clear why the provider was requesting an MRI arthrogram. Therefore, the request for MRI arthrogram for the right wrist is not medically necessary.