

Case Number:	CM14-0068645		
Date Assigned:	07/14/2014	Date of Injury:	03/31/2013
Decision Date:	08/21/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational 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:

According to the records made available for review, this is a 41-year-old female with a 3/31/13 date of injury. At the time of request for authorization (5/12/14) for MRI of the right elbow, MRI of the right wrist, and MRI of the right knee, there is documentation of subjective findings constant pain rated 9/10 on all body parts and objective findings of right wrist tenderness over ulnar styloid dorsally, positive ulnocarpal abutment test, and restricted range of motion; right elbow tender lateral epicondylar region; right knee tender posteromedial and anteromedial aspects, positive McMurray test, unable to squat and duck walk, unable to tiptoe or heel walk, positive Apley's test, valgus stressing, and limited range of motion. Current diagnoses of sprain/strain shoulder/arm; sprain/strain elbow/forearm with lateral epicondylitis; sprain/strain of wrist rule out TFCC tear; sprain/strain of knee, rule out internal derangement with medial meniscus tear. Treatment to date includes physical therapy, bracing, medications, and activity modification. A 2/19/14 medical report identified right knee MRI (8/19/13) revealed abnormal signal quadriceps tendon suggestive of tendinopathy, edema in subcutaneous tissues of the patella, medial meniscus signal alteration, lateral meniscus degeneration, possible undersurface tear and MRI right knee (5/13/13) revealed tenosynovitis of the gracilis, 2 mm Baker's cyst and chondromalacia of the patella. In addition 2/19/14 medical report identified MRI arthrogram of right wrist (5/22/13) revealed edema in the scaphoid, but no definite osteonecrosis, tear of the triquetrolunate ligament, tenosynovitis of the extensor carpi ulnaris, and possible tenosynovitis of the extensor carpi radialis tendon. Regarding the requested MRI of the right elbow, there is no documentation of plain films being non-diagnostic. Regarding the requested MRI of the right wrist, there is no documentation of diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated. Regarding the requested MRI of the right knee,

there is no documentation of a diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated.

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 9 Shoulder Complaints Page(s): 206-209. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 242. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of suspected ulnar collateral ligaments tears, as criteria necessary to support the medical necessity of elbow MRI. ODG identifies documentation of chronic elbow pain (suspect intra-articular osteocartilaginous body; suspect occult injury; suspect unstable osteochondral injury; suspect nerve entrapment or mass; suspect chronic epicondylitis; suspect collateral ligament tear; suspect biceps tendon tear and/or bursitis) and non-diagnostic plain films, as criteria necessary to support the medical necessity of elbow MRI. Within the medical information available for review, there is documentation of diagnosis of sprain/strain elbow/forearm with lateral epicondylitis. In addition, there is documentation of chronic elbow pain. However, there is no documentation of non-diagnostic plain films. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right elbow is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/hand Chapter, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone

scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb), as criteria necessary to support the medical necessity of wrist/hand MRI. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of wrist and rule out TFCC tear. However, given documentation of a previous MRI arthrogram of right wrist (done 5/22/13) that revealed edema in the scaphoid, but no definite osteonecrosis, tear of the triquetrolunate ligament, tenosynovitis of the extensor carpi ulnaris, and possible tenosynovitis of the extensor carpi radialis tendon, there is no documentation of a diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right wrist is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as non-diagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain; initial anteroposterior and lateral radiographs non-diagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs non-diagnostic; non-trauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's

condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of knee, rule out internal derangement with medial meniscus tear. However, given documentation of two previous right knee MRIs (done 8/19/13) that revealed abnormal signal quadriceps tendon suggestive of tendinopathy, edema in subcutaneous tissues of the patella, medial meniscus signal alteration, lateral meniscus degeneration, possible undersurface tear and (done 5/13/13) that revealed tenosynovitis of the gracilis, 2 mm Baker's cyst, chondromalacia of the patella, there is no documentation of a diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right knee is not medically necessary.