

Case Number:	CM14-0070501		
Date Assigned:	07/14/2014	Date of Injury:	11/04/2013
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 General Surgery, and is licensed to practice in Texas. 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 injured worker is a 33 year old female who was injured on November 4, 2013 while packing lettuce when all of a sudden pain was felt on the right hand which radiated up to the right shoulder. The diagnoses was listed as sprain of elbow and forearm and radial styloid tenosynovitis. A clinical note dated 2/24/14 reveals complaints of right lateral elbow pain and volar wrist pain with nocturnal hand wringing, right sided neck pain which radiates to the shoulder. Prior treatment includes six physical therapy sessions which helped slightly, epicondyle injection, medications, and using a right sided Quervains tenosynovitis brace with a carpal tunnel splint with minimal improvement. Diagnostic imaging studies include electromyography dated 4/11/14 of the upper extremities that revealed right carpal tunnel syndrome; and nerve conduction study of upper extremities right side that was unremarkable. The most recent progress note dated 3/17/14 revealed the injured worker reported pain at 7 out of 10 on the visual analog scale (VAS), with constant pain worsened by movement and accompanied by numbness at night. Physical examination revealed pain to palpation in radial aspect pain with hyperextension, positive Finklestein's test and mild bruising to thenar eminence. Current medications include Naproxen, Flexeril and Prilosec. A prior utilization review determination dated 5/8/14 resulted in denial of an MRI of the right wrist and an MRI of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI.

Decision rationale: This is an injured worker with the diagnoses of DeQuervain's tenosynovitis and Carpal Tunnel Syndrome (CTS) from an industrial injury of 11/4/13. The injured worker has had conservative measures including physical therapy and splinting. The injured worker has the usual symptoms of tenosynovitis and CTS, in addition to pain of an undisclosed etiology. There is suggestion that surgery is being contemplated, and the request for an MRI of the wrist is reasonable to obtain a global picture of soft tissue as well as boney anatomic features. The office note of 6/30/14 notes the rationale for the MRI to rule out radial styloid avascular necrosis. This is reasonable for preoperative evaluation and is in keeping with ODG recommendations. As such, the request is medically necessary.

MRI right Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: There is suggestion that surgery is being contemplated, and the request for MRI of the elbow is reasonable to obtain a global picture of soft tissue as well as boney anatomic features. The office note of 6/30/14 notes the rationale for the MRI to rule out extensor epicondylitis. This is reasonable for preoperative evaluation and is in keeping with ODG recommendations. As such, the request is medically necessary.