

Case Number:	CM14-0078184		
Date Assigned:	07/18/2014	Date of Injury:	08/06/2012
Decision Date:	09/30/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 and Rehabilitation 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:

The injured worker is a 49-year-old female who reported an injury on 08/06/2012. The mechanism of injury reportedly occurred when she sustained a twisting injury to the left elbow and wrist while working, performing usual custodial occupation. Past treatment has included medication and diagnostic studies. Diagnostic studies included x-ray of the left elbow and forearm on 02/05/2014 revealed mild soft tissue swelling and an x-ray of the left hand on 02/05/2014 which was normal. There were no surgeries provided. Other therapies were not provided. On 02/05/2014, the patient was seen for left elbow and left wrist swelling with stiffness numbness and tingling. She stated she had to shake her hand to regain sensation and function. Examination of the left elbow revealed tenderness at the medial aspect of the elbow with a positive Tinel's sign and positive cubital tunnel sign consistent with cubital tunnel syndrome. Exam of the left wrist revealed tenderness upon the dorsal and volar aspects of the wrist with mild swelling volarly. There was a positive Phalen's sign at 30 seconds. Tinel's sign for the median nerve of the wrist was positive. Carpal tunnel compression test was positive. Grip was 20/20/10 on the right and 10/10/0 on the left. Sensation was decreased to light touch and pinprick in the left upper extremity. The treatment plan was to attain the EMG/NCV of the left upper extremity as well as MRI scans of the left elbow and left wrist. The current medications include hydrocodone 10/325, Diclofenac Sodium 100 mg, pantoprazole sodium 20 mg, and cyclobenzaprine 7.5 mg. The request is for an MRI of the left wrist. The rationale was as stated above. The Request for Authorization was not submitted for review with the documentation presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Wrist: Upheld

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): 271-273.

Decision rationale: The request for MRI Left Wrist is non-certified. The injured worker has a history of elbow and wrist pain. The California MTUS Guidelines recognize MRI as an option for acute, subacute, and chronic hand, wrist, and forearm disorders. For most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. If symptoms have not resolved in 4 to 6 weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Image studies to clarify the diagnosis may be warranted if medical history and physical exam suggest such factors. The patient had received x-ray on the left hand and wrist on 02/05/2014, which was normal. There were no other therapies documented. The request does not meet the guidelines recommendations. There is no documentation to support the consideration of medical necessity. As such, the request is non-certified.