

Case Number:	CM14-0010093		
Date Assigned:	04/09/2014	Date of Injury:	12/30/2002
Decision Date:	05/08/2015	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on a continuous trauma basis from 7/6/88 to 9/14/08. He reported right shoulder pain, right elbow pain, lumbar spine pain, bilateral knee pain, anxiety, and depression. Right wrist pain, numbness, and tingling were noted. The injured worker was diagnosed as having bilateral carpal tunnel syndrome worse on the right, lumbar spine sprain/strain, and left knee sprain/strain with possible internal derangement. Treatment to date has included right shoulder surgery, right elbow surgery, and right knee arthroscopy. Physical therapy was noted to have provided temporary benefit. Electromyogram and nerve conduction studies performed on 4/26/12 was noted to have revealed severe right left carpal tunnel syndrome. Currently, the injured worker complains of right wrist pain with numbness and tingling in the right arm and hand. Pain and stiffness in the left knee was also noted. The treating physician requested authorization for a MRI of the right wrist and of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee And Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI.

Decision rationale: This patient presents with the right shoulder pain, the right elbow pain, the right wrist pain, lumbar spine pain, and bilateral knee pain. The request is for MRI Of The Left Knee on 12/27/13 per utilization review letter dated 01/11/14. RFA is not available. The work status is permanent and stationary per 12/04/13 report. ACOEM Guidelines states: special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. ODG guidelines may be more appropriate at addressing chronic knee condition. ODG knee chapter states that an MRI is reasonable if internal derangement is suspected. Review of provided reports does not show any evidence of prior MRI of the left knee. Per 12/04/13 report, the physical exam of the left knee revealed tenderness to palpation over the medial and lateral joint lines. There is pain to varus and valgus stressing with limited left knee range of motion. The treating physician would like to rule out any internal derangement per 12/04/13 report. Given the diminished ROM, persistent pain, and the injury that is chronic, an MRI would be appropriate. The request IS medically necessary.

MRI Right Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), Forearm, Wrist And Hand (Acute And Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI.

Decision rationale: This patient presents with the right shoulder pain, the right elbow pain, the right wrist pain, lumbar spine pain, and bilateral knee pain. The request is for MRI Of Right Wrist on 12/27/13 per utilization review letter dated 01/11/14. RFA is not available. The work status is permanent and stationary per 12/04/13 report. ODG-twc guideline(http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm) has the following indications regarding MRI of wrist: "Indications for imaging Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease." Review of provided reports does not discuss prior MRI of the right wrist. Per 12/04/13 report, the physical

examination of the right wrist revealed tenderness to palpation over the volar aspect of the wrist. Tinel's and Phalen's testing is positive and there are decreased sensations in the median nerve distribution with limited range of motion. EMG and nerve conduction studies of the upper extremities from 04/26/12 showed severe right carpal tunnel syndrome and decreased conduction velocity in the right ulnar CMAP. The treating physician wants to rule out any internal derangement per 12/04/13 report. Given the persistent pain, diminished ROM, and suspected internal derangement, an MRI would be reasonable. The request is medically necessary.