

Case Number:	CM14-0116365		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2013
Decision Date:	01/21/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 58-year-old female with a history of pain in the left upper extremity radiating proximally to the shoulder associated with swelling, burning, and weakness. The last provider's progress notes are dated June 24, 2014 and do not include a complete physical examination. The handwritten notes are partially legible and indicate the diagnosis of left lateral epicondylitis and left wrist tenosynovitis. Generalized edema and diminished sensation as well as weakness is documented. Examination does not include the cervical spine. Laboratory studies, MRI of the left wrist and EMG and nerve conduction studies were requested. A corticosteroid injection of the left elbow and physical therapy with acupuncture for 6 weeks was also requested. Grip testing with Jamar dynamometer was also requested. The request for MRI scan of the left wrist was noncertified by utilization review for lack of an adequate physical examination and detailed legible notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, left wrist.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The documentation submitted does not include a detailed history and physical examination. Burning pain in the entire left upper extremity along with swelling of the hand is reported. The high pain levels and the edema may represent trauma and an adequate physical examination will be necessary. The decreased sensation may be a manifestation of radiculopathy. The guidelines do not recommend special studies such as MRI scans unless red flag conditions are noted. In case of a wrist injury radiographic films may be obtained to make a diagnosis. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Based upon guidelines the information submitted is not adequate to warrant an MRI scan of the wrist. Therefore the request for an MRI scan of the left wrist as submitted was not medically necessary.