MAXIMUS Federal Services

Case Number:	CM14-0206907		
Date Assigned:	12/18/2014	Date of Injury:	07/05/2007
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 42 year old female with an injury date of 07/05/07. Based on the 11/13/14 progress report provided by treating physician, the patient wears protective braces and complains of left radial wrist and elbow pain. Patient "feels weakness and loss of dexterity to both hands. Patient experiences numbness and tingling on both hands median nerve distribution, with burning pain from the bilateral carpal tunnel, radiating up along the volar forearm and upper lateral arm area." Per provider report dated 10/28/14, patient is status post left first dorsal compartment release in 2007. Physical examination to the left wrist on 11/13/14 revealed tenderness over the first dorsal compartment, thumb basal joint, left scaphoid and lunate joint area; and some pain over the left ECU, FCU, pisotriquetral joint, and hook of hamate. Positive Finkelstein. Pain worsened with Watson maneuver, and on pronation and supination. Examination to the left wrist on 10/28/14 revealed 1cm wide ganglion cyst of the left dorsoradial wrist, moderately tender to deep palpation, and no pain over the hook of hamate. Examination to the left elbow on 11/13/13 revealed pain and tenderness to area approximately 2.5cm distal and anterior from the left lateral epicondyle, deep within the muscle bellies of the brachioradialis. Kenalog injected to bilateral carpal tunnels on 11/13/14 "without any problems." Patient's medications include Norco, Methadone, Ambien and Soma, per provider report dated 10/28/14. Per progress report dated 10/28/14, provider states "despite the use of the protective brace and anti-inflammatory medications, she is experiencing frequent night awakening." The patient "is having difficulty driving, for both hands become numb over the median nerve distribution." The patient "is beginning to drop objects out of the hand, and also is having difficulty picking up small objects off the floor and buttoning the shirt." Diagnosis 10/28/14 - bilateral DeQuervains tendinitis - bilateral carpal tunnel syndrome - left dorsoradial wrist ganglion cyst - left

radiocarpal joint strain Diagnosis 11/13/14 - joint pain hand - joint pain forearm The utilization review determination being challenged is dated 11/24/14. The rationale follows: 1) MRI OF the left wrist: "no prior x-ray findings provided for review." 2) MRI of the left elbow: "no evidence of red flag, and the patient agreed to undergo an invasive treatment" Treatment reports were provided from 06/03/14 - 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist, & Hand (Acute & Chronic), Chapter, under MRI's (magnetic resonance imaging).

Decision rationale: The patient the patient wears protective braces and presents with left radial wrist and elbow pain. Patient "feels weakness and loss of dexterity to both hands. Patient experiences numbness and tingling on both hands median nerve distribution, with burning pain from the bilateral carpal tunnel, radiating up along the volar forearm and upper lateral arm area." The request is for MRI of the left wrist. Per provider report dated 10/28/14, patient is status post left first dorsal compartment release in 2007. Physical examination to the left wrist on 11/13/14 revealed tenderness over the first dorsal compartment, thumb basal joint, left scaphoid and lunate joint area; and some pain over the left ECU, FCU, pisotriquetral joint, and hook of hamate. Positive Finkelstein. Pain worsened with Watson maneuver, and on pronation and supination. Examination to the left wrist on 10/28/14 revealed 1cm wide ganglion cyst of the left dorsoradial wrist, moderately tender to deep palpation, and no pain over the hook of hamate. Kenalog injected to bilateral carpal tunnels on 11/13/14 "without any problems." Patient's medications include Norco, Methadone, Ambien and Soma, per provider report dated 10/28/14. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's (magnetic resonance imaging) states: "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 Kienbck's disease - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" UR letter dated 11/24/14 states "no prior x-ray findings provided for review." Per progress report dated 10/28/14, provider states "despite the use of the protective brace and anti-inflammatory medications, she is experiencing frequent night awakening." The patient "is having difficulty driving, for both hands become numb over the median nerve distribution." The patient "is beginning to drop objects out of the

hand, and also is having difficulty picking up small objects off the floor and buttoning the shirt." ODG guidelines recommend MRIs as they allow "a global examination of the osseous and soft tissue structures" for accurate diagnosis. In review of medical records, there is no documentation of prior MRI. Therefore, the left wrist MRI is medically necessary.

MRI of left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601 and 602. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Chapter, Indications for Imagining

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow (Acute & Chronic) Chapter, under MRI's.

Decision rationale: The patient the patient wears protective braces and presents with left radial wrist and elbow pain. Patient "feels weakness and loss of dexterity to both hands. Patient experiences numbness and tingling on both hands median nerve distribution, with burning pain from the bilateral carpal tunnel, radiating up along the volar forearm and upper lateral arm area." The request is for MRI of the left elbow. Per provider report dated 10/28/14, patient is status post left first dorsal compartment release in 2007. Physical examination to the left elbow on 11/13/13 revealed pain and tenderness to area approximately 2.5cm distal and anterior from the left lateral epicondyle, deep within the muscle bellies of the brachioradialis. Patient's medications include Norco, Methadone, Ambien and Soma, per provider report dated 10/28/14. ODG-TWC, Elbow (Acute & Chronic) Chapter, under MRI's states: "Recommended as indicated below." Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. "UR letter dated 11/24/14 states "no prior x-ray findings provided for review." Per progress report dated 10/28/14, provider states "despite the use of the protective brace and anti-inflammatory medications, she is experiencing frequent night awakening..." The patient "is having difficulty driving, for both hands become numb over the median nerve distribution." The patient "is beginning to drop objects out of the hand, and also is having difficulty picking up small objects off the floor and buttoning the shirt." In this case, there are no significant objective findings of the left elbow, but given the patient's complaints of continued pain and weakness, an MRI for further investigation may be warranted. ODG allows for an MRI for various different diagnoses of the elbow. In review of medical records, there is no documentation of prior MRI. Therefore, the left elbow MRI is medically necessary.