

Case Number:	CM15-0131365		
Date Assigned:	08/18/2015	Date of Injury:	05/24/2009
Decision Date:	09/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45-year-old female who sustained an industrial injury on 05-24-2009. Mechanism of injury was not found in documents presented for review. Diagnoses include cervical discopathy-cervicalgia, bilateral carpal tunnel-cubital tunnel-double crush, rule out internal derangement bilateral shoulders, and rule out internal derangement of the bilateral knees. Treatment to date has included diagnostic studies, and medications. There is unofficial documentation that a recent Electromyography and Nerve Conduction Velocity was done and was normal. A physician progress note dated 04-30-2015 documents the injured worker complains of pain in the cervical spine, with radiation to the upper extremities, and headaches. She has frequent pain in both shoulders. She has pain in her bilateral elbows, which she describes as throbbing with associated numbness, and the pain is worsening. She rates this pain as 7 out of 10. She has tenderness at her elbows and olecranon fossa. Tinel's sign is positive over the cubital tunnel. Range of motion is full but painful. There is diminished sensation in the ulnar digits. She has tenderness at the bilateral wrist dorsum. There is a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is pain with terminal flexion range of motion. She has diminished sensation in the radial digits. She has pain in her bilateral knees with crepitus present. Treatment requested is for MRI Bilateral Wrist/ Hands, and MRI Bilateral Elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Complaints Page(s): 42.

Decision rationale: According to MTUS guidelines, an MRI of the elbow is recommended in case of suspected ulnar collateral ligament tears. There is no clear evidence of such damage in this case. In addition, the patient has not previously undergone plain film studies for bilateral elbows. Therefore, the request for MRI Bilateral Elbows is not medically necessary.

MRI Bilateral Wrist/ Hands: 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): 269.

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of MRI for wrist disorders. MRI has an ability to detect wrist infections. There is no clear evidence that the patient is suspected of having wrist infection. Therefore, the request for MRI Bilateral Wrist/ Hands is not medically necessary.