

<b>Case Number:</b>	CM15-0136021		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 was a 48 year old female, who sustained an industrial injury, December 8, 2011. The injured worker previously received the following treatments Ibuprofen, Tylenol with codeine, EMG and NCS (electrodiagnostic studies and nerve conduction studies) for the right upper extremities which showed mild carpal tunnel syndrome. The injured worker was diagnosed with tenosynovitis of the right hand, wrist and tenosynovitis of the right forearm, myalgia and myositis of the right upper arm, right carpal tunnel syndrome, right grip strength weakness and right peripheral neuropathy. According to progress note of April 9, 2015, the injured worker's chief complaint was chronic right wrist and forearm. The injured worker had a stroke and complains of pain, numbness and burning sensation in the right middle, ring and small finger. The injured worker complained of weakness in the right hand and arm. The injured worker was able to perform activities of daily living, bathing and personal care. The injured worker would like to return back to work. The physical exam noted tenderness of the mid forearm which was much better now. There were no complaints with palpation. The injured worker had good range of motion of the wrist with flexion and extension. The injured worker continued to have mild discomfort with rotation of the wrist in a circular manner. The injured worker had full range of motion to the fingers to flexion and extension, without triggering. The injured worker had decreased sensation in the right middle, ring and small fingers. The treatment plan included right forearm MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the right forearm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 43.

**Decision rationale:** According to the guidelines, an MRI of the elbow is indicated for ulnar collateral ligament tears or red flags seen on an x-ray. It is not recommended for epicondylitis. In this case, physician note on 7/13/15 indicated the symptoms are likely related to myalgia. The claimant does have carpal tunnel epicondylitis. There is no indication of red flag signs and there is a request to see Orthopedics. The request for an MRI of the right forearm is not medically necessary.