

Case Number:	CM15-0168109		
Date Assigned:	09/08/2015	Date of Injury:	04/07/2015
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 29 year old male, who sustained an industrial-work injury on 4-7-15. He reported initial complaints of wrestling a suspect to the ground and falling on his left upper extremity working as a police officer. The injured worker was diagnosed as having left wrist pain, left wrist triangular fibrocartilage complex tear, left carpal tunnel syndrome, left cubital tunnel syndrome, left elbow medial epicondylitis and left elbow lateral epicondylitis. Treatment to date has included medication, rest, at least 6 chiropractic sessions, and wrist braces. In the physician progress note dated 6-29-15, the physician states that Magnetic Resonance Imaging (MRI) results were reviewed and it "shows a tear of the triangular fibrocartilage near the ulnar styloid process with increased signal between the transverse retinaculum between the median nerve , may represent carpal tunnel syndrome." The X-Rays results of the left wrist were reported on 4-7-15 and reveal that the study was normal. Medical records dated 5-11-15 to 7-16-15 indicate ongoing left wrist and elbow pain rated 4-7 out of 10 on pain scale. He also complains of associated numbness and tingling that radiates from the elbow to the hand and locking of the elbow. Per the primary physician's progress report (PR-2) on 4-9-15 the injured worker may return to work with restrictions. The physical exam dated 7-16-15, reveals that there is evidence of ulnar nerve subluxation with flexion and extension of the elbow. There is positive Tinel's sign over the antecubital fossa. There is tenderness over the medial epicondyle. The left elbow exam shows tenderness to palpation on the medial epicondyle. There is a positive Tinel's sign at the cubital tunnel and subluxed ulnar nerve. The physician notes that the injured worker has had 3 months of conservative treatment with no long term benefit. The requested

treatment includes a Magnetic Resonance Imaging (MRI) of the Left Wrist to rule out ulnar nerve pathology and Left Elbow to rule out structural pathology. The Utilization review on 8-18-15 denied a request for Magnetic Resonance Imaging (MRI) of the Left Wrist and Left Elbow as the claimant had a recent wrist Magnetic Resonance Imaging (MRI) with positive findings and the documentation did not clearly identify significant changes in symptoms or findings suggestive of pathology to support repeating the study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Wrist and Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Table 11-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI Elbow section, MRI.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI of the left wrist and left elbow are not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. MR imaging may provide important diagnostic information for evaluating the adult elbow including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendon, abnormality of ulnar, radial or median nerve, and for masses about the elbow joint. Indications for imaging are enumerated in the official disability guidelines. They include, but are not limited to, chronic elbow pain suspect intra-articular osteochondral body with nondiagnostic plain films, osteochondral injury, suspect unstable osteochondral injury, suspect nerve entrapment, suspect chronic epicondylitis, suspect collateral ligament tear, etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured workers working diagnoses are left wrist pain; left wrist triangular fibrocartilage complex tear, confirmed by MRI; left carpal tunnel syndrome, left ulnar nerve subluxation at the elbow; left cubital tunnel syndrome; left elbow medial epicondylitis and lateral epicondylitis. Date of injury is April 7, 2015. Request authorization is August 11, 2015. The injured worker is a police officer and was seen and evaluated in the emergency apartment on the day of the injury. X-rays of the elbow and

hand were performed. Subjectively, complaints included left elbow, left wrist and knee pain. An orthopedic new patient evaluation was performed June 29, 2015. Within the body of the documentation an MRI result (date of MRI not indicated) of the left wrist was present. The MRI showed a tear of the triangular fibrocartilage near the ulnar styloid process with some increased signal between the transverse retinaculum between the median nerve. The request for authorization is dated August 11, 2015. There is no contemporaneous clinical documentation on or about date of request for authorization. Utilization review indicates the request for MRI left wrist is a repeat study and not clinically indicated. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There are no compelling clinical facts indicating a repeat MRI left wrist is clinically indicated. There are no new significant subjective symptoms and/or clinical objective findings suggestive of significant pathology. There is no clinical indication or rationale for an MRI of the left elbow. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no significant new symptoms or objective findings indicative of significant pathology and no contemporaneous clinical documentation on or about the date of request authorization (August 11, 2015), MRI of the left wrist and left elbow are not medically necessary.