Case Number:	CM15-0193154		
Date Assigned:	10/07/2015	**Date of Injury:**	10/14/2014
Decision Date:	11/16/2015	**UR Denial Date:**	09/22/2015
Priority:	Standard	**Application Received:**	10/01/2015

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:

This is a 50 year old male who sustained an industrial injury on 10-14-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post exploration and removal of metallic objects, with debridement of contaminated bone from the left wrist and hand, left wrist pain and motor and sensory demyelinating neuropathy at the wrist per ENG-nerve conduction study (NCS) of 3-30-2015. According to the progress reports dated 7-29-2015 to 9-9-2015, the injured worker complained of pain rated 7 out of 10 in the left elbow and wrist. It was noted that work restrictions were not being accommodated. The injured worker reported that medications were beneficial. The physical exam (7-29-2015) of the left wrist revealed normal, active range of motion with some discomfort at the endpoints. There was mild tenderness to palpation overt the carpometacarpal bony structure of the left hand and wrist. Treatment has included 36 post-operative physical therapy sessions and medications. Current medications (9-9-2015) included Norco, Ibuprofen and Omeprazole. The original Utilization Review (UR) (9-22-2015) denied requests for Functional Capacity Evaluation for left wrist and left elbow and magnetic resonance imaging (MRI) with contrast left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) with contrast to the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left wrist with contrast is 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 intraoseus 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. In this case, the injured worker's working diagnoses are status post exploration and removal metallic objects with debridement of contaminated bone from left-hand and wrist; left wrist pain; and motor and sensory demyelinating neuropathy at the wrist. Date of injury is October 14, 2014. Request for authorization is September 17, 2015. The request is for an updated MRI of the left wrist. According to a September 9, 2015 progress note, subjectively the injured worker complains of left elbow and wrist pain 7/10. The injured worker received 36 postoperative physical therapy sessions and despite the number continues to experience pain in the wrist and hand. Objectively, there is no physical examination of the left wrist or hand. There are no new significant symptoms and/or objective findings suggestive of significant pathology. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no recent clinical physical examination of the wrist and any new significant symptoms and/or objective findings suggestive of significant pathology, MRI of the left wrist with contrast is not medically necessary.

Functional Capacity Evaluation (FCE) for left wrist and left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty - Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Work-Relatedness, Job Analysis, and Work Activities.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation with wrist and left elbow is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the

examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are status post exploration and removal metallic objects with debridement of contaminated bone from left-hand and wrist; left wrist pain; and motor and sensory demyelinating neuropathy at the wrist. Date of injury is October 14, 2014. Request for authorization is September 17, 2015. The request is for an updated MRI of the left wrist. According to a September 9, 2015 progress note, subjectively the injured worker complains of left elbow and wrist pain 7/10. The injured worker received 36 postoperative physical therapy sessions and despite the number (of physical therapy sessions), the injured worker continues to experience pain in the wrist and hand. Objectively, there is no physical examination of the left wrist or hand. There are no new significant symptoms and/or objective findings suggestive of significant pathology. The documentation states the functional capacity evaluation is being requested to determine the worker's effort and compliance for work. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, functional capacity evaluation with wrist and left elbow is not medically necessary.