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| <b>Case Number:</b>   | CM15-0195094 |                              |            |
| <b>Date Assigned:</b> | 10/08/2015   | <b>Date of Injury:</b>       | 10/14/2014 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male who sustained an industrial injury 10-14-14. A review of the medical records reveals the injured worker is undergoing treatment for left wrist pain, and motor and sensory demyelinating neuropathy at the wrist. Medical records (09-09-15) reveal the injured worker complains of left wrist pain rated at 7/10, worse than the pain rating of 5-6/10 on 07-29-15. The injured worker also complains of episodes of inflammation and swelling in the left wrist with minimal activity. The physical exam (09-09-15) was deferred. The physical exam on 07-29-15 revealed normal active range of motion of the left wrist, with some discomfort at the endpoints of the range. "Mild" tenderness to palpation was noted over the carpometacarpal bony structures of the left hand and wrist. Prior treatment includes left wrist surgery debridement of contaminated bone, exploration and removal of metallic objects, 36 postoperative physical therapy treatments, and medications. The original utilization review (09-21-15) non certified the request for a MIR with contrast of the left wrist and a Functional Capacity Evaluation of the left wrist and elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast of the left wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, & Hand, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with left wrist pain and episodes of inflammation and swelling in the left wrist with minimal activity. The current request is for MRI with contrast of the left wrist. The treating physician states, in a report dated 09/09/15, "Request authorization for an updated MRI of the left wrist with contrast, as this patient is yet to have a significant improvement of his overall orthopedic condition following his most recent surgical intervention." (43B) The MTUS guidelines are silent on the matter of MRIs. ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." However, ODG guidelines also state, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." In this case, the treating physician, based on the records available for review, states "Patient continues to express significant pain and discomfort over the left wrist postoperatively. He does report significant episodes of inflammation and swelling in the left wrist with minimal activity." Additionally, the patient is not a surgical candidate and has failed conservative treatment, including 36 post-operative PT sessions. The treating physician states that he needs to rule out ligamentous tear, triangular fibrocartilage disruption. (44B) The current request is medically necessary.

**Functional capacity evaluation (FCE) for the 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, Fitness for Duty - Functional Capacity Evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, Functional capacity evaluation (FCE).

**Decision rationale:** The patient presents with left wrist pain and episodes of inflammation and swelling in the left wrist with minimal activity. The current request is for Functional capacity evaluation (FCE) for the left wrist and elbow. The treating physician states, in a report dated 09/09/15, "Request authorization for a functional capacity examination for the left wrist and left elbow." (44B) ACOEM does not appear to support the functional capacity evaluations and states: "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." In this case, the

treating physician, based on the records available for review, states "We wish to have a better characterization of his physical capabilities, in order to adequately address his work restrictions."  
(44B) The ACOEM Guidelines states that FCEs can be ordered by the employer or claims administrator or when the exam is crucial. There is no documentation to support that this request is crucial or that the employer or claims administrator has requested an FCE. The current request is not medically necessary.