

Case Number:	CM15-0195180		
Date Assigned:	10/08/2015	Date of Injury:	08/05/2013
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 08-05-2013. A review of the medical records indicated that the injured worker is undergoing treatment for muscle-tendon strain of the forearm, injury to the radial and ulnar nerve; complex regional pain syndrome left upper extremity, left post-traumatic peripheral neuropathy and ganglion-synovial cyst of the left wrist. According to the treating physician's progress report on 08-12-2015, the injured worker continues to experience left wrist and forearm pain associated with tingling rated at 6-7 out of 10 on the pain scale. The electrical shooting sensation was reduced and only occurs with local palpation and she still has difficulty sleeping. Inspection of the left wrist noted moderate diffuse swelling with moderately decreased range of motion and tenderness to palpation at the dorsum near the radial aspect with a palpable nodule noted. There was mild swelling of the left upper extremity, forearm, but improved overall. The injured worker has persistent allodynia along the radial aspect and D1-3 with Dysesthesia to mild light touch. Blowing on the arm still causes paresthesias in her arm and hand D1-3 that goes to the mid forearm. Vasomotor changes in the left hand were improved. A moderate Tinel's sign with proximal radiation to the mid forearm and distal radiation to the thumb was noted. Positive Tinel's was evident at the medial elbow. Motor strength was limited by pain and proximal motor strength was within normal limits. Deep tendon reflexes of the biceps, triceps and brachioradialis were intact. A magnetic resonance imaging (MRI) of the left wrist was performed on 07-23-2015 which revealed a 16mm x 8 mm ganglion cyst as reported by the physician's progress report on 08-12-2015. Electrodiagnostic studies performed on 11-27-2013 with official reports were noted

within the medical documents. Prior treatments have included wrist splint, hand therapy, home exercise program, steroid injections, transcutaneous electrical nerve stimulation (TEN's) unit, self-massage, ice, activity modification and medications. Current medications were listed as Butrans patch, Percocet, Lyrica, Celebrex, Lidocaine patch, Flector patch, Ambien CR and Valium. Treatment plan consists of continuing medication regimen, surgical evaluation for cyst and the current request for magnetic resonance imaging (MRI) of the left forearm. On 09-15-2015 the Utilization Review determined the request for a magnetic resonance imaging (MRI) of the left forearm was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Chapter: Forearm, Wrist and Hand (Acute & chronic) MRI's (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI.

Decision rationale: This claimant was injured in 2013, now two years ago. An MRI of the left wrist was already accomplished. This is a request for an MRI of the left forearm. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The Forearm section is included in the forearm section. Regarding Elbow MRI, the ODG notes: Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. (ACR, 2001) See also ACR Appropriateness Criteria. In this case, it appears imaging in close proximity of this area was already done. It is not clear why the additional imaging study is being requested. The request is not medically necessary.