

Case Number:	CM15-0198024		
Date Assigned:	10/13/2015	Date of Injury:	03/04/2014
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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, 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 59 year old female injured worker suffered an industrial injury on 3-4-2014. The diagnoses included CTD of bilateral upper extremities and rule out cervical radiculopathy. On 8-27-2015 the treating orthopedic provider reported pain in both upper extremities. He reported she had carpal tunnel release 10-2014 and 11-2014 and underwent therapy post-operatively. She reported pain throughout both upper extremities greatest at both wrists with decreased numbness and tingling since surgery. On exam there was diffuse dorsal wrist tenderness bilaterally and mild bilateral trapezoidal tenderness bilaterally. The circulation was diminished in all digits of the right hand and mild limited range of motion of the cervical spine with discomfort. The Tinel's test was positive at the medial nerve at both wrists. Prior treatment included Tylenol #3 and Naproxen. The patient's surgical history include bilateral CTR in 2014. The patient had MRI of the left wrist on 1/19/15 that revealed degenerative changes; X-ray of the bilateral wrist that revealed narrowing of TMC joint. The patient had received an unspecified number of PT visits for this injury. A recent detailed physical examination of the cervical spine was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: MRI of cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." A detailed recent physical examination of the cervical spine including Spurling's test and evidence of neurological deficits was not specified in the records provided. The patient does not have any severe, progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for MRI of cervical spine is not fully established for this patient.

MRA bilateral wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand-MRI (Magnetic Resonance Imaging).

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, current online version Forearm, Wrist, & Hand (updated 06/29/15) MRI's (magnetic resonance imaging).

Decision rationale: MRA bilateral wrist. Per cited ACOEM guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders." ACOEM guidelines do not address this issue completely hence ODG guidelines are used. Per cited guidelines, "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), Chronic wrist pain, plain films normal, suspect soft tissue tumor, Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease". The patient had MRI of the left wrist on 1/19/15 that revealed degenerative

changes; X-ray of the bilateral wrist that revealed narrowing of TMC joint. Any significant changes in objective physical examination findings since the last imaging study that would require a repeat study were not specified in the records provided. There was no evidence of significant wrist trauma, or evidence of distal radial fracture. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. With this, it is deemed that medical necessity of MRA bilateral wrist is not established in this patient at this time.