

Case Number:	CM15-0201082		
Date Assigned:	10/16/2015	Date of Injury:	02/23/2015
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, 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 injured worker is a 37 year old male, who sustained an industrial injury on 2-23-2015. The medical records indicate that the injured worker is undergoing treatment for cervical radiculitis, cervical disc herniation, back contusion, wrist sprain, rotator cuff injury, lateral epicondylitis, myofascial pain syndrome, and long-term use of medications. According to the progress report dated 9-24-2015, the injured worker presented with complaints of severe neck, mid back, left shoulder, and wrist pain. On a subjective pain scale, he rates his pain 9-10 out of 10. The physical examination of the left shoulder reveals tenderness to palpation over the acromioclavicular joint, biceps groove, glenohumeral joint, periscapular muscles rhomboids, subdeltoid bursa, and trapezius, restricted range of motion, decreased muscle strength, and positive Neer's, belly-press, empty can, and left-off tests. Examination of the left wrist reveals tenderness to palpation over the ulnar side, dorsal wrist, and along the 5th metacarpal. Sensation to light touch is absent over the ulnar nerve distribution. Examination of the left hand was not indicated. The current medications are Naproxen and Tramadol. Previous diagnostic studies include x-rays of the left hand (old 5th metacarpal fracture), electrodiagnostic testing (normal), and MRI of the cervical spine (C5-C6 disc disease). Treatments to date include medication management and physical therapy. Work status is described as full time. The original utilization review (10-2-2015) had non-certified a request for MRI of the left shoulder, wrist, and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg 25.

Decision rationale: According to the MTUS guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. According to the ODG 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. 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 claimant has chronic wrist pain, and old metacarpal fracture with possible dysplastic deformity on x-ray and abnormal findings on EMG of ulnar neuropathy and diminution of light touch on the ulnar side. The request for a wrist MRI is appropriate.

MRI left hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg 25.

Decision rationale: According to the MTUS guidelines, MRI of the hand is optional when requested prior to a history and physical by a specialist. According to the ODG 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. 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 claimant has chronic wrist pain, and old metacarpal fracture with possible dysplastic deformity on x-ray and abnormal findings on EMG of ulnar neuropathy and diminution of light touch on the ulnar side. Since the old fracture site is in the metacarpal, the request for a hand MRI is appropriate.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 21.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. The ODG guidelines do recommend MRI for those with subacute shoulder pain and instability or a suspected labral tear. These findings were not the case and the injury was already over 6 months old. The request for an MRI of the shoulder is not a medial necessity.