

Case Number:	CM15-0207881		
Date Assigned:	10/26/2015	Date of Injury:	06/12/2015
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 6-12-15. The injured worker was diagnosed as having cervical sprain, bilateral wrist De Quervain's syndrome, lumbar sprain, headaches and bilateral knee sprain. Subjective findings (6-26-15, 8-27-15) indicated decreasing pain in the cervical and lumbar spine, left hip, bilateral knees and bilateral shoulders, wrists and hands. On 8-27-15, the injured worker rated her pain 6-7 out of 10 that is improved with medications and therapy and worsened with repetitive use. Objective findings (6-26-15, 8-27-15) revealed tenderness in the lumbar spine and bilateral wrists and hands. There is also a positive McMurray's sign in the bilateral knees and decreased range of motion in the bilateral wrists and left knee. Treatment to date has included physical therapy x at least 12 sessions, acupuncture x 15 sessions, Nabumetone, Omeprazole, Cyclobenzaprine and Tylenol #3. The Utilization Review dated 10-1-15, non-certified the request for retro 9-18-15 bilateral wrist MRI, retro 9-18-15 lumbar MRI and retro 9-18-15 left knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 9/18/15 MRI bilateral wrists: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a cashier with date of injury in June 2015. She was seen for an initial evaluation by the requesting provider on 06/26/15. She had neck and low back pain and bilateral shoulder, bilateral knee, right hand, left wrist, and left hip pain. She was having headaches. She had complaints of depression and insomnia. Physical examination findings included a normal body mass index. There was cervical and lumbar tenderness with muscle spasms. There was decreased spinal range of motion. Cervical foraminal testing was positive. Bilateral Kemp's, left Patrick's, and bilateral seated straight leg raising was positive. There was decreased shoulder and wrist range of motion. Shoulder impingement testing was positive bilaterally. There was crepitus with shoulder range of motion. Tinel's, Phalen's, and Finkelstein's tests were positive. There was decreased left hip and bilateral knee range of motion. McMurray's testing was positive bilaterally. Authorization was requested for an internal medicine consultation for evaluation of the claimant insomnia. Physical therapy was requested. Requests also included functional improvement measures and multiple x- ray studies. In August 2015 she had pain rated at 6-7/10. She was wearing bilateral wrist supports and the left support was worn out. She was in moderate distress. Physical examination findings appear unchanged. Authorization was requested for MRI scans of the left knee, both wrists, and lumbar spine. No neurological examination by the requesting provider is documented. An MRI of the wrist can be recommended in a patient with chronic wrist pain where plain films are normal and soft tissue tumor or Kienbck's disease is suspected. 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, there is no acute injury. Plain film x- ray results are not described. None of the applicable criteria for a chronic injury are fulfilled. The requested MRI scan is not medically necessary.

Retro DOS:9.18.15 MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a cashier with date of injury in June 2015. She was seen for an initial evaluation by the requesting provider on 06/26/15. She had neck and low back pain and bilateral shoulder, bilateral knee, right hand, left wrist, and left hip pain. She was having headaches. She had complaints of depression and insomnia. Physical examination findings included a normal body mass index. There was cervical and lumbar tenderness with muscle spasms. There was decreased spinal range of motion. Cervical foraminal testing was positive. Bilateral Kemp's, left Patrick's, and

bilateral seated straight leg raising was positive. There was decreased shoulder and wrist range of motion. Shoulder impingement testing was positive bilaterally. There was crepitus with shoulder range of motion. Tinel's, Phalen's, and Finkelstein's tests were positive. There was decreased left hip and bilateral knee range of motion. McMurray's testing was positive bilaterally. Authorization was requested for an internal medicine consultation for evaluation of the claimant insomnia. Physical therapy was requested. Requests also included functional improvement measures and multiple x- ray studies. In August 2015 she had pain rated at 6-7/10. She was wearing bilateral wrist supports and the left support was worn out. She was in moderate distress. Physical examination findings appear unchanged. Authorization was requested for MRI scans of the left knee, both wrists, and lumbar spine. No neurological examination by the requesting provider is documented. Applicable criteria for obtaining a lumbar spine MRI include low back pain, with radiculopathy, after at least one month of conservative therapy. In this case, the claimant has low back pain without radicular complaints or physical examination findings that support the presence of radiculopathy. The requested MRI of the lumbar spine is not medically necessary.

Retro DOS: 9.18.15 MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a cashier with date of injury in June 2015. She was seen for an initial evaluation by the requesting provider on 06/26/15. She had neck and low back pain and bilateral shoulder, bilateral knee, right hand, left wrist, and left hip pain. She was having headaches. She had complaints of depression and insomnia. Physical examination findings included a normal body mass index. There was cervical and lumbar tenderness with muscle spasms. There was decreased spinal range of motion. Cervical foraminal testing was positive. Bilateral Kemp's, left Patrick's, and bilateral seated straight leg raising was positive. There was decreased shoulder and wrist range of motion. Shoulder impingement testing was positive bilaterally. There was crepitus with shoulder range of motion. Tinel's, Phalen's, and Finkelstein's tests were positive. There was decreased left hip and bilateral knee range of motion. McMurray's testing was positive bilaterally. Authorization was requested for an internal medicine consultation for evaluation of the claimant insomnia. Physical therapy was requested. Requests also included functional improvement measures and multiple x- ray studies. In August 2015 she had pain rated at 6-7/10. She was wearing bilateral wrist supports and the left support was worn out. She was in moderate distress. Physical examination findings appear unchanged. Authorization was requested for MRI scans of the left knee, both wrists, and lumbar spine. No neurological examination by the requesting provider is documented. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, plain film x-ray results are not described. The claimant does not have complaints that would support the presence of internal derangement of the left knee. The requested MRI scan is not medically necessary.