

Case Number:	CM15-0022286		
Date Assigned:	02/11/2015	Date of Injury:	11/05/2011
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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, Massachusetts
 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 62 year old female, who sustained an industrial injury on 11/05/2011. She underwent surgery for chronic right trigger finger on 9/12/12. According to 10/15/12 clinic note she was diagnosed recently with ductal carcinoma of the left breast. US of the right elbow on 4/10/14 showed no solid or cystic lesions, high clinical suspicion for lateral epicondylitis. On provider visit dated 12/17/2014 the injured worker has reported right thumb pain and hand pain that radiates to her arm and shoulder, she also complained of intermittent numbness and tingling in the right hand. On examination she was noted to have right arm multiple areas of tenderness were noted and a well healed scar at the base of the right thumb. X-rays at that time showed no red flags; right forearm was without tissue abnormality or fracture. Right thumb xray showed grade II basal joint arthritis. The diagnoses have included status-post right trigger thumb release, chronic regional pain syndrome, right upper extremity and myofascial pain syndrome right forearm. Treatment to date has included medication. The provider states that "diagnostic work-up is essential due to her ongoing chronic symptoms". MRI of right elbow and right forearm; no clinical reasoning is provided. EMG/NCV to assess neurogenic causes. Ultrasound studies of wrists and hands to assess the soft tissues and help delineate specific organic pathology... "as there is a potential psychogenic cause to the patient's complaints". On 01/28/2015 Utilization Review non-certified MRI of Right Elbow Forearm Wrist Hand, CT SCAN of Right Forearm, and Ultrasound of Bilateral Elbows Bilateral Wrists Bilateral Hands and Right Forearm, as not medically necessary. The CA MTUS, ACOEM Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF Right Elbow Forearm Wrist Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM guidelines states that "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." According to table 11-6 : Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology, the requested study of an MRI is not recommended as being able to identify or define pathology. The patient does have evidence of epicondylitis on physical exam and prior US study. Further imaging is not necessary to clarify that diagnosis. According to the cited guidelines, "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders". The provided records does not mention a specific disorder that warrants MRI evaluation at this time. Consequently the requested study is not recommended at this time.

CT SCAN of Right Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM guidelines states that "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." According to table 11-6 : Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology, the requested study is not recommended as being able to identify or define pathology. According to the cited guidelines, "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders". The provided records does not mention a specific disorder that warrants CT evaluation at this time. The patient does have a history of breast cancer. If bone cancer in the upper extremity is suspected then a bone scan or CT would be indicated. However this possible diagnosis is not mentioned in the records I reviewed. Consequently the requested study is not recommended at this time.

Ultrasound Of Bilateral Elbows Bilateral Wrists Bilateral Hands and Right Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM guidelines states that "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." According to table 11-6 : Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology, the requested study is not recommended as being able to identify or define pathology. Ultra-sound is not a routine study to assess pathology and anatomy of the upper extremity. According to the cited guidelines, "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders". The provided records does not mention a specific disorder that warrants US evaluation at this time. Of note, prior US of the upper extremity failed to show any soft tissue defect. Consequently the requested study is not recommended at this time.