MAXIMUS Federal Services

Case Number:	CM15-0212475		
Date Assigned:	11/02/2015	Date of Injury:	06/17/2015
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/28/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old man sustained an industrial injury on 6-17-2015. Evaluations include right knee MRI dated 7-14-2015, right wrist ad hand x-rays dated 10-12-2015, and right knee and leg X-rays dated 10-12-2015. Diagnoses include sprain of right anterior cruciate ligament, peripheral tear of the medial meniscus of the right knee, peripheral tear of the lateral meniscus of the right knee, ulnar nerve lesion, and right wrist carpal joint sprain. Treatment has included oral medications, rest, ice, and physical therapy. Physician notes from an orthopedic consultation dated 10-12-2015 show complaints of right knee pain with stiffness, weakness, locking, popping, giving way, swelling, and instability as well as right hand paresthesias to the ring and small fingers, and right wrist pain. The physical examination shows positive Tinel's sign in the right elbow, positive elbow flexion test with paresthesias, normal symmetric reflexes, and good fine motor control. The right hand and wrist shows dorsal region tenderness, sensation decreased tot eh ulnar nerve distribution, positive Tinel's and Phalen's signs and positive carpal tunnel compression test. The right knee and leg showed an antalgic gait with mild tissue swelling and medial and lateral joint line tenderness with a positive Lachman's test, pivot shift test, patellofemoral compression, Clarke's sign, and Apley's compression test. Recommendations include start Anaprox, start Prilosec, start Ultracet, right knee surgery, right upper extremity electromyogram and nerve conduction studies, right wrist MRI, and follow up in two to three weeks. Utilization Review denied requests for electromyogram and nerve conduction studies of the right upper extremities and right wrist MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: EMG/NCS, right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Per orthopedic consultation report of 10/12/2015 the injured worker is a 30-year-old male with a date of injury of 6/17/2015. The chief complaints are right knee pain, right hand paresthesias to the ring and small fingers, and right wrist pain. He misstepped with his left foot falling some 5 feet and landing with the right leg locked and extended, hyperextending the knee and falling forward injuring the wrist hand and neck. The MRI of the right knee dated 7/14/2015 revealed a non-acute full-thickness ACL tear. The medial and lateral menisci were also torn. X-rays of the right wrist dated 10/12/2015 were normal. X-rays of the right hand were also normal. Examination revealed a positive ulnar nerve Tinel sign, positive elbow flexion test with paresthesias to ulnar nerve distribution. Sensation in the right hand was decreased in the ulnar nerve distribution. There was also a positive Phalen's test, carpal tunnel compression test, and Tinel's sign. There was a positive Lichtman's maneuver which was reproducible and consistent when compared to the opposite wrist. There was good fine motor control, good intrinsic muscle function and good extrinsic function, negative Bunnell/Littler test and negative Froment's sign. The impression was sprain of the anterior cruciate ligament and torn medial and lateral menisci, right knee and lesion of ulnar nerve, right upper limb and sprain of carpal joint of right wrist. The provider requested the right knee surgery, EMG and nerve conduction study of the right upper extremity for the ulnar nerve and MRI of the right wrist for the wrist sprain. With regard to the request for EMG and nerve conduction studies, California MTUS guidelines indicate that electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. In this case there is no indication of cervical radiculopathy. Furthermore, carpal tunnel signs are mild and no sensory deficit has been documented in the median nerve distribution. With regard to the cubital tunnel syndrome, the diagnosis has been established by clinical examination; however, nonoperative treatment has not yet been carried out. As such, there is no indication for surgery. The guidelines require 3-6 months of conservative care prior to surgical considerations. Therefore electrodiagnostic studies are not medically necessary at this time.

Associated surgical service: MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: With regard to the request for an MRI scan of the right wrist, plain radiographs have been reported to be negative and red flag conditions have been ruled out. As such, with the diagnosis of cubital tunnel syndrome, mild carpal tunnel syndrome and wrist sprain, nonoperative treatment is recommended prior to consideration for special studies such as an MRI scan. Based upon the clinical information provided, the guidelines do not recommend the requested MRI scan at this time. Therefore the request is not medically necessary.