

Case Number:	CM15-0033775		
Date Assigned:	02/27/2015	Date of Injury:	10/15/2009
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on 10/15/2009. On provider visit dated 01/12/2015 the injured worker has reported bilateral wrist pain and left wrist paresthesia. The diagnoses have included status post right carpal tunnel release, right lateral epicondylitis, rule out right rotator cuff pathology, left upper extremity pain as compensable consequence for the right upper extremity injury and electrodiagnostic evidence of bilateral cubital tunnel syndrome. Treatment t plan included MRI of left hand and left elbow. On examination of left wrist it was noted to have tenderness over the volar aspect of the wrist, positive palmar compression test with Phalen's maneuver and Tinel's. Painful range of motion was noted. On 02/13/2015 Utilization Review non-certified MRI Left Hand/Wrist and MRI Left Elbow. The CA MTUS 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 Left Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications for imaging.

Decision rationale: Guidelines recommend MRI imaging for chronic wrist pain if there is evidence of severe progressive pathology. In this case, there is no evidence of severe progressive abnormalities and no documentation of failure of recent conservative treatments. Thus, the request for MRI wrist, is not medically necessary and appropriate.

MRI Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Imaging.

Decision rationale: Guidelines recommend MRI elbow for suspected intraarticular osteocartilaginous body, osteochondral injury, suspected nerve entrapment or mass, epicondylitis, and collateral ligament tear. In this case, there are no recent physical exam findings related to the left elbow. Thus, the request for MRI elbow is not medically necessary and appropriate.