

Case Number:	CM15-0039401		
Date Assigned:	03/09/2015	Date of Injury:	09/21/2011
Decision Date:	11/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 52 year old female who sustained an industrial injury on 9-21-11. The assessment is noted as chronic pain syndrome and depression, right ulnar nerve impaction syndrome- status post ulnar shortening with improvement of symptoms, right lateral epicondylitis-status post surgical treatment with persistent symptoms, right radial tunnel syndrome, right cubital tunnel syndrome, left ulnar impaction syndrome-status post low shortening osteotomy with persistent symptoms, chronic sprain-left wrist, left ganglion cyst, and instability left distal radial ulnar joint. Previous treatment includes bone stimulator, splint, surgery, physical therapy, and injection left wrist 1-21-15. In an office visit note dated 1-21-15, the physician reports complaints of severe and unrelenting pain of the left wrist and right elbow and that the left wrist pain is so severe, she is unable to sleep. The pain is not relieved with medication. Medications are Tramadol, Hydrocodone, Prilosec, Neurontin, and Lexapro. There is tenderness over the left forearm and exquisite tenderness over the ulnar aspect left wrist. It is noted that she has a complex and multifactoral pain syndrome involving both upper extremities. Her left wrist pain has persisted following an ulnar shortening. An MRI of the left wrist is requested to evaluate the cause of her ongoing pain. Work status is no use of hands and if light duty work is not available, then she should be placed on temporary disability. The requested treatment of MRI of the left wrist was non-certified on 1-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the 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).

MAXIMUS 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 and Wrist/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address this specific circumstance. ODG Guidelines address the issue of repeat MRI studies of the upper extremities and it supports repeat studies if there is a significant change in an individual's condition. The prior study is reported to have been in '12 and several problems including partial ligament tears were noted on that scan. Since that time there is increased pain and localized tenderness with only partial relief from surgery. ODG Guidelines support a repeat scan under these circumstances. The increasing symptoms qualify as a significant change since the prior MRI study. The left wrist MRI is medically necessary.