

Case Number:	CM15-0042380		
Date Assigned:	03/12/2015	Date of Injury:	06/26/2013
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation

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 25 year old female, who sustained a work/industrial injury on 6/26/13. She has reported initial symptoms of bilateral hand pain. The injured worker was diagnosed as having right shoulder impingement syndrome, sprain/strain; right forearm strain, carpal tunnel syndrome; right DeQuervain's disease; right wrist sprain/strain; left carpal sprain/strain; loss of sleep; and anxiety. Treatments to date included medication, home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and activity modification. Currently, the injured worker complains of moderate to severe throbbing, burning, right shoulder pain and stiffness, pain in hand forearm and wrist and left and right shoulders. The treating physician's report (PR-2) from 3/17/15 indicated per exam that there was pain to palpation over the supra spinatus, deltoid, lateral brachium. The range of motion was decreased and painful. There was tenderness with palpation to the posterior shoulder, supraspinatus and trapezius. Speed's was negative, Neer's caused pain. Supraspinatus press was positive on the right. The left shoulder range of motion was decreased and painful with tenderness with palpation of the posterior shoulder, supraspinatus and trapezius. The right forearm was tender with trigger points at the right forearm with tenderness to palpation of the distal 1/3 forearm, dorsal forearm, radial forearm, and ulnar forearm. The right and left wrists noted tenderness and palpation with limited range of motion. Medication included Ibuprofen. Treatment plan included a Magnetic Resonance Imaging (MRI) of bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Bilateral wrists): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, treatment index, 13th edition (web), 2015, Forearm, Wrist and Hand - MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter, Forearm, Wrist, Hand (Acute & Chronic), and title MRI's (Magnetic Resonance Imaging).

Decision rationale: Based on the 2/9/15 progress report provided by the treating physician, this patient presents with right shoulder pain/stiffness, and worsening pain in the worsening pain in the hand/forearm, left shoulder pain/heaviness, cramping right forearm pain, constant right wrist pain with snapping especially with activity, left wrist pain/numbness/weakness, and loss of sleep with developing anxiety. The treater has asked for MRI, Bilateral Wrists on 2/9/15 "because of visual swelling, complaints of relentless pain, and ongoing positive orthopedic tests". The patient's diagnoses per Request for Authorization form dated 2/9/15 were carpal tunnel syndrome and sprain/strain of carpal of wrist. The bracing of the wrist was helpful per 11/12/14 AME report. There is no evidence of prior wrist surgery or injections, but patient has had medication and physical therapy per review of reports dated 6/12/14 to 2/9/15. She has only used Ibuprofen per review of reports. The patient "found seasonal work at a tax office but in the week she has been working her pain has worsened significantly" per 2/9/15 report. The patient was doing well and reached MMI on 11/12/14, and found an easier job but it almost immediately increased symptoms/pain and interfered with function per 2/9/15 report. However, her current job will not accept work restrictions per 2/9/15 report. ODG guidelines, chapter "Forearm, Wrist, Hand (Acute & Chronic), and title MRI's (Magnetic Resonance Imaging), state that "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures". The patient was doing well and reached MMI on 11/12/14, and found an easier job but it almost immediately increased symptoms/pain and interfered with function per 2/9/15 report. There is no evidence of prior MRI of the wrist or any X-rays of the wrist. The treater is requesting the MRI "because of visual swelling, complaints of relentless pain, and ongoing positive orthopedic tests". In this case, the patient has had increased symptoms/swelling/pain after resuming work. The treater does not mention any acute trauma, or any suspicion of subtle fracture. There are no discussion as to whether or not ligament tears/instability is an issue. The treater, however, does indicate swelling at the volar wrist on the right with range of motion that is decreased/painful, and the patient states the swelling is much worse on days she works per 2/9/15 report. Given the sudden acute onset of the swelling, the requested MRI appears reasonable. The request IS medically necessary.