

Case Number:	CM15-0245282		
Date Assigned:	12/24/2015	Date of Injury:	09/08/2011
Decision Date:	01/29/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/16/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 39 year old male who sustained an industrial-work injury on 9-8-11. The injured worker was diagnosed as having right shoulder impingement, right AC (acromioclavicular) cartilage disorder, right ulnar nerve transposition, and right elbow contusion and epicondylitis, right cubital tunnel syndrome with recurrence, right wrist chronic pain ulnar carpal. Treatment to date has included medication: Tramadol, Naproxen, Omeprazole, Gabapentin, Tezanidine; surgery (right ulnar nerve transposition and lateral epicondyle reconstruction), 3 cortisone injections, physical therapy (temporary improvement), and diagnostics. MRI results were reported on 4-26-15 of right wrist that revealed evidence of slight palmar subluxation of the extensor carpi ulnaris with redundancy and stripping of the sub-sheath, intact overlying retinaculum, and otherwise normal. Currently, the injured worker complains of numbness in the ring finger and little fingers of the right hand, sharp throbbing pain in the right wrist, numbness in the right elbow, inability to carry or lift greater than 10 pounds, weakness in hand and wrist to include gripping, soreness and stiffness of right shoulder. Per the primary physician's progress report (PR-2) on 10-8-15, upon palpation there was moderate tenderness to the right lateral epicondylar scar, lateral epicondyle, and mobile wad, tenderness of the cubital tunnel right side, moderate tenderness where the transposed ulnar nerve is proximally and distally with positive Tinel's sign, and tenderness to medial condyle, ulnar nerve, lateral epicondyle, resisting long finger-wrist extension, and forearm supination-pronation. There was positive subluxation of the cubital tunnel on the left and positive orthopedic testing of the palmar ulnar wrist on the right. The Request for Authorization requested service to include wrist series:

8 views; right wrist and MRI - assisted arthrogram triple compartment, right wrist. The Utilization Review on 11-17-15 denied the request for include wrist series: 8 views; right wrist and MRI - assisted arthrogram triple compartment, right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist series: 8 views; right wrist: Upheld

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, Summary.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an MRI of the wrist. The clinical documents state that the patient had a MRI of the wrist in 2015. There is no indication for a repeat MRI at this time. According to the clinical documentation provided and current MTUS guidelines; an MRI of the wrist is not a medical necessity to the patient at this time.

MRI - assisted arthrogram triple compartment, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an x-ray series of the wrist. The clinical documents state that the patient is status post MRI and surgical intervention. There is no clear indication for a new x-ray at this time. According to the clinical documentation provided and current MTUS guidelines; an x-ray series of the wrist is not a medical necessity to the patient at this time.