

Case Number:	CM15 0127357		
Date Assigned:	07/14/2015	Date of Injury:	11/01/2013
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 11/01/2013, as the result of repetitive tasks. The injured worker was diagnosed as having carpal tunnel syndrome, ulnar nerve lesion, enthesopathy of the wrist, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included electromyogram and nerve conduction studies of the upper extremities (10/05/2014 and 3/24/2015), laboratory testing, x rays of the cervical spine (7/2014), x rays of the right and left hands (9/2014), cervical spine imaging (5/2015), magnetic resonance imaging of the right and left upper extremities (1/2015), pain management, bilateral wrist braces, physical therapy, and medications. Currently, the injured worker complains of bilateral wrist pain, constant and rated 4/10. She reported pain at 3 4/10 while taking Oxycodone. She continued to have difficulty driving due to hand pain and stated her hands felt like they were on fire. She reported pain up to her shoulders at times and intermittent numbness to her fingertips. She reported feeling a "coldness" to bilateral forearms. Overall, she felt the same as on her last visit. Medication use included Oxycodone, Duexis, and Gabapentin. The treatment plan included magnetic resonance imaging of the bilateral elbows and cervical spine. Work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non MTUS Citation Official Disability Guidelines, Elbow, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM chapter on elbow complaints and imaging states: Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The review of the provided clinical documentation does not indicate the patient meets criteria as cited above for elbow imaging. Therefore the request is not medically necessary.

MRI of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non MTUS Citation Official Disability Guidelines, Elbow, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM chapter on elbow complaints and imaging states: Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The review of the provided clinical documentation does not indicate the patient meets criteria as cited above for elbow imaging. Therefore the request is not medically necessary.