MAXIMUS Federal Services

Case Number:	CM15-0170518		
Date Assigned:	09/11/2015	Date of Injury:	07/16/2013
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, Florida, 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 41 year old female who sustained an industrial injury on 07-16-2013. Diagnoses include status post left wrist surgery on 12-29-2010 with residuals, left wrist musculoligamentous sprain-strain rule out internal derangement and carpal tunnel syndrome, and left shoulder musculoligamentous sprain-strain rule out internal derangement. A physician progress note dated 07-27-2015 documents the injured worker complains of increasing pain in her left wrist. She has left shoulder pain with pain radiating to her wrist. She has numbness and tingling the left upper extremity. She rates her pain most days as 9 out of 10, and on a good day, her pain is 7 out of 10. She has continuous left wrist pain, and there is cramping and weakness in her hand and she has dropped several objects. She rates her pain as 9 out of 10 on most days and on a good day, her pain is 8 out of 10. Left shoulder range of motion is restricted. Impingement sign, Drop Arm Test, Apprehension Sign, Neer's Sign and Hawkins's sign are all positive. She has tenderness to palpation over the left shoulder. Her left wrist is tender to palpation, and range of motion is restricted. Phalen's, Tinel's sign and Finkelstein's test are positive. Sensory examination reveals median nerve sensory deficit noted over the corsal aspect of the left wrist along the median nerve distribution below the mid forearm. There is documentation that x rays of the left wrist were done with this visit and no fracture or dislocation was seen. There is documentation present that the injured worker had a Electrodiagnostic studies of the left upper extremity along with a Magnetic Resonance Imaging of the left wrist in 2014, but results were not present in documents presented for review. Treatment to date has included diagnostic studies, medications, physical therapy, shock wave therapy, group therapy and behavioral

therapy, home exercise program and a wrist sleeve. She is currently not working. Medications include Trepadone, Gabadone, Genicin, Somnicin, Sentra PM and Sentra AM, and medicated patches. On 08-05-2015 Utilization Review non-certified the requested treatment Magnetic Resonance Imaging of the left wrist and Electromyography-Nerve Conduction Velocity of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS LUE: 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): Special Studies.

Decision rationale: This claimant was injured in 2013 with status post left wrist surgery on 12-29-2010 with residuals, left wrist musculoligamentous sprain-strain rule out internal derangement and carpal tunnel syndrome, and left shoulder musculoligamentous sprain-strain rule out internal derangement. As of July, there is increasing pain in her left wrist. She has numbness and tingling the left upper extremity. Phalen's, Tinel's sign and Finkelstein's test are positive. Sensory examination reveals median nerve sensory deficit noted over the dorsal aspect of the left wrist along the median nerve distribution below the mid forearm. There is documentation that x rays of the left wrist were done with this visit and no fracture or dislocation was seen. There is documentation present that the injured worker had a Electrodiagnostic studies of the left upper extremity along with a Magnetic Resonance Imaging of the left wrist in 2014, but results were not present in documents presented for review. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the study was done, and the rational for a repeat was not evident or logical in the records. The request is not medically necessary.

MRI Left Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand and Wrist under MRI.

Decision rationale: This claimant was injured in 2013 and was status post left wrist surgery on 12-29-2010 with residuals, left wrist musculoligamentous sprain-strain rule out internal derangement and carpal tunnel syndrome, and left shoulder musculoligamentous sprain-strain rule out internal derangement. As of July, there is increasing pain in her left wrist. She has

numbness and tingling the left upper extremity. Phalen's, Tinel's sign and Finkelstein's test are positive. Sensory examination reveals median nerve sensory deficit noted over the dorsal aspect of the left wrist along the median nerve distribution below the mid forearm. There is documentation that x rays of the left wrist were done with this visit and no fracture or dislocation was seen. There is documentation present that the injured worker had a Electrodiagnostic studies of the left upper extremity along with a Magnetic Resonance Imaging of the left wrist in 2014, but results were not present in documents presented for review. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding MRI of the wrist, the ODG notes: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) Indications for imaging- Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) In this case, the criteria and the normal plain x-rays are not noted. In addition, it is not clear there are objective signs suggestive of internal orthopedic derangement. The request is not medically necessary, as criteria are not met.