

Case Number:	CM15-0179078		
Date Assigned:	09/21/2015	Date of Injury:	07/15/2014
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male, who sustained an industrial injury on 07-15-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, hyperlipidemia, asthma, frozen shoulder, rotator cuff syndrome, Pes Anserinus bursitis, and osteoarthritis of the left lower leg. Medical records (02-10-2015 to 07-29-2015) indicate ongoing left wrist pain with associated numbness, tingling, swelling and spasms. Records also indicate worsening of functional status and quality of life. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 06-25-2015 and 07-29-2015, revealed continued swelling and tenderness to the left ankle; continued severe weakness with left ankle dorsiflexion; decreased sensation in the left lateral leg; decreased reflexes in the Achilles bilaterally; positive SI joint compression test, and slightly antalgic gait on the left. New findings (reported) on the PR dated 07-29-2015 included positive Adson's, Hawkin's and Speed's test on the left; and positive Tinel's, Phalen's test and Finklestein's on the left. The treating physician indicated that he recommended getting an updated MRI of the left wrist based on the ongoing functional disturbances with pushing, pulling, grasping, pinching and reaching at or above shoulder level as well as weakness and pain, persistent functional deficits with range of motion and strength, and pain limiting activities. Relevant treatments have included heat and ice therapy, bracing, work restrictions, and pain medications. A MRI of the left wrist was completed 09-09-2014 and showed possible evidence of a triangular fibrocartilage complex (TFCC) tear near its radial attachment site. The request for authorization (08-17-2015)

shows that the following test was requested: MRI of the left wrist. The original utilization review (08-24-2015) denied the request for a MRI of the left wrist based on the lack of rationale as to how a repeat MRI of the left wrist would benefit the IW's plan of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Upper extremity pain: Diagnostic consideration: MRI.

Decision rationale: MRI of the left wrist is not medically. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The physical exam was not consistent with a nerve root impingement; therefore, it is not medically necessary.