

Case Number:	CM15-0095239		
Date Assigned:	05/21/2015	Date of Injury:	12/20/2008
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 66 year old female, who sustained an industrial injury on 12/20/08. She reported neck, bilateral shoulders, elbows and wrist pain. The injured worker was diagnosed as having cervical spine sprain/strain, degenerative disc disease and facet arthropathy, bilateral shoulder sprain/strain, bilateral golfers elbow and bilateral carpal tunnel syndrome status post release. Treatment to date has included right carpal tunnel release, oral medications including Ibuprofen, physical therapy and home exercise program. Currently, the injured worker complains of continued numbness and tingling of bilateral wrists following carpal tunnel release, pain in neck rated 6/10 and bilateral shoulder aching rated 6/10. She may work with modified duties. Physical exam noted decreased cervical range of motion, trigger points in the upper trapezius, tenderness to palpation at the sub occipital muscles, decreasing left wrist flexion and decreased right wrist flexion. The treatment plan included request for (MRI) magnetic resonance imaging of left wrist and x-ray of cervical spine, bilateral elbows and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. 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 Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in December 2008. She underwent a right carpal tunnel release in December 2009 and right ulnar nerve release in April 2010. She underwent a left carpal, released in August 2010 without improvement. When seen, she was having bilateral wrist and hand pain with radiating symptoms including numbness and tingling of the wrists, hands, and fingers. Pain was rated at 6/10. She had noted a painful mass over the left wrist that was worsening. Physical examination findings included a tender cyst over the dorsal aspect of the left wrist. There was decreased wrist range of motion bilaterally. Pain was increased with gripping. Phalen's testing was positive bilaterally. Applicable criteria for obtaining an MRI of the wrist in the setting of chronic wrist pain are suspected soft tissue tumor. In this case, the claimant has a dorsal wrist mass which is worsening. Although this likely represents a ganglion cyst, further evaluation is indicated and the request was therefore medically necessary.