

Case Number:	CM15-0098446		
Date Assigned:	06/01/2015	Date of Injury:	11/09/2011
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female who sustained an industrial injury on 11/9/11 involving her right shoulder when a door opened hitting her right hand and pushing her arm back. She currently has continued weakness, stiffness, painful and limited motion to the right shoulder, elbow and wrist with intermittent numbness and tingling to the right hand. Physical exam of the right shoulder shows moderate tenderness on palpation over the anterolateral border of the acromium with decreased range of motion; right hand and wrist show tenderness to the extensor surface of the right thumb with positive Finkelstein's, Phalen's and Tinel's tests and moderate tenderness over the radial aspect. Medications are Naprosy, Flexeril. Diagnoses include right rotator cuff tear, status post right shoulder rotator cuff repair (8/16/12); right carpal tunnel syndrome; right elbow epicondylitis. Treatments to date include physical therapy which was helpful with pain and symptoms. Diagnostics include MRI of the right shoulder (6/12/12) showing moderate degenerative changes of the acromioclavicular joint, tendinitis, tendinosis; MRI of the right shoulder (8/30/13) shows post-operative changes; x-ray of the right wrist (12/19/14) showed radiocarpal arthritis with effusion of the right wrist; x-ray of the right elbow (12/19/14) showed soft tissue swelling of the right elbow with effusion; x-ray of the right shoulder (11/21/14) shows acromioclavicular and glenohumeral arthritis of the right shoulder. On 4/30/15 the treating provider requested MRI of the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right hand without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Forearm, Wrist and Hand, MRI's.

Decision rationale: The patient presents with pain affecting the right shoulder, elbow, wrist and hand. The current request is for MRI right hand without contrast. The requesting treating physician report was not found in the documents provided for review. The MTUS guidelines do not address the current request. The ODG guidelines recommend MRI's of the wrist and hand if the required criteria is met. The medical reports provided, do not show that the patient has received an MRI of the right hand previously. In this case, there is no discussion or evidence in the medical reports provided, that the treating physician suspect the patient has a fracture, game keeper injury, soft tissue tumor, or Kienbock's disease, of the right hand. Furthermore, there were was no documentation of normal radiographs as required by the ODG and there was no rationale by the physician in the medical reports provided as to why an MRI of the right hand was necessary. The current request does not satisfy the ODG guidelines as the required criteria for an MRI was not met. The current request is not medically necessary.

MRI right wrist without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Forearm, Wrist and Hand, MRI's.

Decision rationale: The patient presents with pain affecting the right shoulder, elbow, wrist and hand. The current request is for MRI right wrist without contrast. The requesting treating physician report was not found in the documents provided for review. The MTUS guidelines do not address the current request. The ODG guidelines recommend MRI's of the wrist and hand if the required criteria is met. The medical reports provided, do not show that the patient has received an MRI of the right wrist previously. In this case, there is no discussion or evidence in the medical reports provided, that the treating physician suspect the patient has a fracture, game keeper injury, soft tissue tumor, or Kienbock's disease, of the right wrist. Furthermore, there was documentation of normal radiographs as required by the ODG but there was no rationale by the physician in the medical reports provided as to why an MRI of the right wrist was necessary. The current request does not satisfy the ODG guidelines as the required criteria for an MRI was not met. The current request is not medically necessary.