

Case Number:	CM13-0022302		
Date Assigned:	11/13/2013	Date of Injury:	10/16/2012
Decision Date:	01/23/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 47-year-old female who reported an injury due to repetitive trauma performing her job duties on 10/16/2012. She is reported to complain of neck pain, right shoulder and arm pain, right elbow and forearm pain, left elbow and forearm pain, right wrist and hand pain, and left wrist and hand pain. She reports her neck pain radiates to her right forearm, occurring 90% of the time. She is noted to have previously undergone an MRI of the right shoulder in 02/2013 along with MRIs of the right elbow, right hand, and left wrist. On physical exam, she is noted to have normal reflexes of the biceps, triceps, and brachioradialis, negative Tinel's sign at the ulnar and median wrist, positive Phalen's sign at the left and right wrist with numbness and tingling in all 5 fingers. She is noted to have a right wrist and left wrist surgical scar. The patient is noted to have swelling of the bilateral wrists and hands. She had diffuse tenderness to palpation over the right shoulder, right arm, right elbow, right wrist and hand, left elbow, and left wrist and hand. The patient was reported to have been prescribed an MRI of the right shoulder, the left elbow, digital electronic range of motion with myometer, grip strength testing, sensory testing, and x-rays to multiple body areas. The patient is noted to have undergone range of motion testing of the right wrist which reported 45 degrees of flexion, 30 degrees of extension, 5 degrees of ulnar deviation, and 10 degrees of radial deviation. Right thumb abduction was 5/5, right wrist extension was 5/5, and right finger adduction was 5/5. She is noted to have decreased sensation to the right index fingertip, the right dorsal thumb web space, and small fingertip. The patient is noted to have undergone electrodiagnostic studies of the bilateral upper extremities on 04/18/2013 which reported findings of right and left carpal tunnel syndrome and mild entrapment of the bilateral ulnar nerves at the elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma performing her job duties. She is reported to complain of cervical pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral hand and wrist pain. She is noted to have undergone an electrodiagnostic study on 04/13/2013 of the bilateral upper extremities which reported findings of bilateral carpal tunnel syndrome and ulnar nerve entrapment at the elbow. She is reported to have reports of numbness and tingling of the bilateral hands and is noted on physical examination to have normal reflexes at the bilateral lower extremities with diffuse tenderness noted over the cervical spine. The California MTUS Guidelines recommend an MRI of the cervical spine when there is physiological evidence in the form of definite neurological findings on physical examination and electrodiagnostic testing; however, as the patient is not noted to have any definitive neurological findings on physical exam or electrodiagnostic testing indicating specific nerve root compromise in a dermatomal pattern that would indicate neural impingement at the neck, the requested MRI of the cervical spine does not meet guideline recommendations. Based on the above, the request for an MRI of the cervical spine is non-certified.

X-ray of the Cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, radiography (x-rays) section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma performing her job duties. She is noted to complain of pain in the cervical spine, radiating to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. The patient is noted to have undergone an electrodiagnostic study on 04/13/2013 of the bilateral upper extremities which noted findings of bilateral carpal tunnel syndrome and ulnar nerve entrapment at the wrists. On physical examination of the cervical spine, the patient is noted to have diffuse tenderness and normal reflexes of the bilateral upper extremities. The California MTUS Guidelines recommend x-ray studies when there is physiological evidence of tissue insult or neurological dysfunction after failure to progress in a strengthening program. As the patient is not noted to have undergone any conservative treatment and is not noted on physical examination to have physiological evidence of tissue insult or

neurological dysfunction, the need for x-rays of the cervical spine are not established and do not meet guideline recommendations. Based on the above, the requested x-ray, cervical spine is non-certified

X-ray of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, radiography (x-rays) section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma performing her job duties. The patient is reported to complain of pain in the neck radiating to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral hand and wrist pain with numbness and tingling. She is noted on physical examination to have diffuse tenderness of the right shoulder and is reported to have undergone an MRI of the right shoulder on 02/12/2013. The California MTUS Guidelines recommend imaging studies after 4 to 6 weeks of conservative care and observation fails to improve symptoms when there are abnormal findings on physical exam. However, as the patient is noted to have undergone an MRI of the right shoulder on 02/23/2013, the need for x-rays is not established. In addition, there is no documentation the patient has undergone any conservative care for treatment of her shoulder pain other than rest. As such, the request for x-rays of the right shoulder does not meet guideline recommendations. Based on the above, the request for x-ray, right shoulder is non-certified.

MRI of the Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177-179.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma while performing her job duties. She is reported to complain of cervical pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral hand and wrist pain. She is reported to have not undergone any conservative treatment for her injuries. The California Chronic Pain Medical Treatment Guidelines do not address the request for MRI of the elbow. The Official Disability Guidelines recommend MRIs for chronic elbow pain when plain films are nondiagnostic and there is suspicion of intra-articular osteocartilaginous body or an osteochondral injury, or suspected nerve entrapment or mass, or suspected chronic epicondylitis. As the patient is noted to have undergone previous electrodiagnostic studies on 04/13/2013 that confirmed mild ulnar nerve entrapment at the

elbow, the need for an MRI of the left elbow is not established. Based on the above, the requested MRI of the left elbow is non-certified.

X-ray of the Right and Left Elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), Radiography (x-rays)

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma while performing her job duties. She is reported to complain of cervical pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. She is noted to have undergone electrodiagnostic testing of the bilateral upper extremities on 04/13/2013 and is reported to have findings of mild ulnar nerve entrapment at the elbow. She is noted to have undergone an MRI of the right elbow on 02/12/2013. The California Chronic Pain Medical Treatment Guidelines do not address the request. The Official Disability Guidelines state that radiographs are required before other imaging studies and may be diagnostic for osteochondral fractures, osteochondritis dissecans, or osteocartilaginous intra-articular bodies and patients with normal flexion, extension, and supination do not require elbow radiographs. As the patient is noted to have undergone a previous MRI to the right elbow, the need for x-rays of the right elbow are not established, and as there is no documentation of abnormal findings of the elbow, the request for radiographs is not established and does not meet guideline recommendations. Based on the above, the requested x-rays of the elbow, right and left is non-certified.

X-ray of the Right and Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma while performing her job duties. She is reported to complain of neck pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. She is noted on physical exam to have diffuse swelling of the bilateral wrists and hands, a positive Phalen's test with diffuse tenderness to palpation of the bilateral wrists and hands. She is noted to have undergone MRIs of the bilateral wrists on 02/12/2013. The California Chronic Pain Medical Treatment Guidelines state that there is no indication for imaging studies until after a 4 to 6 week period of care and observation. As the patient is not noted to have undergone any conservative care other than rest and is noted to have

undergone MRIs of the wrists and hands, the need for x-rays of the wrists and hands is not established. Based on the above, x-ray wrist, right and left is non-certified.

X-ray of the Right and Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma while performing her job duties. She is reported to complain of ongoing neck pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. She is noted to have previously undergone MRIs of the bilateral wrists and hands on 02/12/2013 and to have undergone electrodiagnostic studies on 04/13/2013 that were positive for findings of bilateral carpal tunnel syndrome. The California Chronic Pain Medical Treatment Guidelines state, that for patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks of conservative care and observation; and as there is no documentation of the patient having undergone conservative care and no red flag conditions were reported to have been found, and the patient has undergone previous MRIs of the wrists and hands, the need for x-rays of the wrist and hand are not established and do not meet guideline recommendations. Based on the above, the request for x-ray hand, right and left is non-certified.

Physical Therapy for Bilateral Elbows and Wrists 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma performing her job duties. She is reported to complain of cervical pain with radiation of pain down the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral hand and wrist pain. She is noted to have undergone MRIs of the bilateral wrists and hands and to have undergone electrodiagnostic studies which reported findings of carpal tunnel syndrome bilaterally and ulnar nerve entrapment at the elbow. A request was submitted for 12 sessions of physical therapy to the bilateral elbows and bilateral wrists. The California Chronic Pain Medical Treatment Guidelines state that patients should be instructed in home exercise for complaints of forearm, wrist, and hand pain and notes that instruction and proper exercise is important and a physical therapist can serve to educate the patient on an effective exercise program. The patient is reported to have denied any physical therapy to the bilateral wrists, hands, and elbows. However, the request for 12 sessions to the elbows, wrists, and hands is excessive and does not meet guideline recommendations for instruction in a home exercise

program. Based on the above, the need for physical therapy to the bilateral wrists and elbows for 12 sessions does not meet guideline recommendations. As such, the request for physical therapy for bilateral elbow and bilateral wrists-two (2) times a week for six (6) weeks is non-certified.

IF (Interferential Stimulator) unit with conductive garment:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Interferential current stimulation (ICS) section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 118-119.

Decision rationale: The patient is a 47-year-old female who reported an injury due to repetitive trauma performing her job duties on 10/16/2012. The patient is reported to complain of neck pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. The patient is reported to have diffuse tenderness to palpation over the neck, right shoulder, bilateral elbows and wrists. She is not noted to have decreased range of motion. A request was submitted for an interferential stimulator. The California Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention and there is no quality evidence of effectiveness except in conjunction with return to work, exercise, and medication, and there is only limited evidence of improvement with the use of an interferential stimulator with those treatments. As such, the requested interferential stimulator is not indicated. And as the interferential unit is not indicated, the need for conductive garment is not established. Based on the above, the request for an IF unit with conductive garment is non-certified.

Hot/cold contrast unit with compression pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Game ready accelerated recovery system.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma performing her job duties. She is reported to complain of cervical pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain and bilateral wrist and hand pain. She is noted to have undergone MRIs of the right elbow, right shoulder, and bilateral wrists and hands and to have undergone electrodiagnostic studies of the bilateral upper extremities which reported findings of bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment at the elbow. She is reported on physical examination to have diffuse tenderness over the cervical spine, the right shoulder, the bilateral elbows, and bilateral wrists and hands, and to have a positive Phalen's at the bilateral wrists. She is reported to have swelling of the bilateral wrists and hand on physical examination. The California Chronic Pain

Medical Treatment Guidelines do not address the request. The Official Disability Guidelines recommend continuous cryotherapy unit as an option after surgery, but not for nonsurgical treatment and notes that while there is evidence supporting the use of cryotherapy units following surgery, there are not high quality studies on combined systems to support the use of compression. As such, the requested hot/cold contrast unit with compression pad is non-certified.

Pain Medicine Follow -Up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidellines, 2nd ed, pain chapter 6 as referenced in the California MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma performing her job duties. She is noted to complain of ongoing cervical spine pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. She is noted to have undergone MRIs of the bilateral wrists and hands, the right shoulder, and right elbow on 02/12/2013 and is reported to have undergone electrodiagnostic studies of the bilateral upper extremity on 04/18/2013 which reported findings of evidence of bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment at the elbow. A request was submitted for a pain medicine follow-up. The California Chronic Pain Medical Treatment Guidelines state that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or had difficulty obtaining information or agreement to a treatment plan. However, as the patient is not noted to have undergone any conservative treatment including treatment with medications. The need for a pain management follow-up is not established. Based on the above, the requested pain management follow-up is non-certified.

Orthopedist Follow -Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma from performing her job duties. She is noted to complain of cervical pain with radiation of pain to the right upper extremity, to complain of right shoulder pain, bilateral elbow pain, and bilateral wrist and hand pain. She is reported to have undergone an MRI of the right shoulder, the right elbow, and bilateral wrists and hands on 02/12/2013 and is noted to have undergone electrodiagnostic studies on 04/18/2013 which were positive for findings of bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment at the elbow. Request was submitted for an orthopedic follow-up. The California Chronic Pain Medical

Treatment Guidelines state that referrals may be appropriate if the practitioner is uncomfortable with the needed surgery or with the line of inquiry, or with treating a particular cause of delayed recovery, or had difficulty obtaining information or agreement to a treatment plan. The patient is reported to have undergone MRIs of the right shoulder and elbow and bilateral hands and wrists; however, these are not submitted for review to substantiate a need for an orthopedic consult. In addition, there are no abnormal findings on physical examination other than diffuse tenderness of the right shoulder, bilateral elbows, and bilateral hands and wrists, and as such, the need for an orthopedic consult is not established. Based on the above, the requested orthopedist follow-up is non-certified.

Ergonomic Workstation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg 266.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive trauma while performing her job duties. She is reported to complain of cervical pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, bilateral wrist and hand pain. The patient is noted to have diffuse tenderness over the cervical spine, the right shoulder, the bilateral elbows wrists and hands with swelling of the wrists and hand, a positive Phalen's at the wrist with decreased sensation at the in the fingers of the right hand. She is noted to have undergone an electrodiagnostic study on 04/18/2013 which is reported to show findings of bilateral carpal tunnel syndrome and ulnar nerve entrapment at the bilateral elbows. A request was submitted for an ergonomic work station. The California Chronic Pain Medical Treatment Guidelines state that complaints of workplace discomfort should be evaluated for ergonomic modifications as part of the treatment program; however, as there is no note of an ergonomic evaluation having been performed, the request for an ergonomic workstation does not meet guideline recommendations. Based on the above, the request for an ergonomic workstation is non-certified.

(ROM) Range of Motion muscle testing for grip strength, and sensory: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Flexibility.

Decision rationale: The patient is a 47-year-old female who reported an injury on 10/16/2012 due to repetitive motion performing her job duties. She is reported to complain of cervical pain with radiation of pain to the right upper extremity, right shoulder pain, bilateral elbow pain, and

bilateral wrist and hand pain. She is noted on physical examination to have diffuse tenderness over the cervical spine, right shoulder, bilateral elbows, and bilateral wrists and hands with normal reflexes, a positive Phalen's at the bilateral wrists, and swelling of the bilateral wrists and hands. A request was submitted for range of motion muscle testing, grip strength, and sensory examination. The California Chronic Pain Medical Treatment Guidelines do not address mechanized range of motion, muscle, and grip strength testing. The Official Disability Guidelines state that the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way and does not recommend computerized testing of range of motion or strength. In addition, the patient is noted to have previous undergone electrodiagnostic testing of the bilateral upper extremities on 04/18/2013 which reported findings of bilateral carpal tunnel syndrome and ulnar nerve entrapment at the elbow. As such, need for repeat sensory exam is not established. Based on the above, the requested ROM, muscle testing, grip strength, and sensory testing is non-certified.