

Case Number:	CM13-0023140		
Date Assigned:	11/15/2013	Date of Injury:	06/14/2007
Decision Date:	02/03/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He 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 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 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:

This is a male patient with a date of injury of June 14, 2007. A utilization review determination dated August 27, 2013 recommends noncertification for right shoulder MR arthrogram, repeat CT scan of the right wrist, and EMG nerve conduction study. A supplemental report dated November 15, 2013 include subjective complaints stating, "he complains of neck pain rated as 4/10; right shoulder and elbow pain rated as 5/10 and right wrist pain rated as 7/10. He reports that the pain is associated with weakness and numbness in right hand and fingers, swelling in right hand and limited motion in right wrist. The pain radiates to right hand and fingers. He reports that overhead reaching, lifting, pushing, pulling, gripping, and twisting, aggravate symptoms. He is continuing his treatment as recommended. He does stretching and strengthening exercises for right hand at home. He is currently off work. He saw neutral doctor and was sent for MRI's and he will follow up with neutral doctor on December 10, 2013." Objective examination identifies, "right wrist: on examination of the right wrist, manual muscle testing revealed 4/5 strength of dorsiflexion, palmar flexion, radial deviation, and ulnar deviation. Review of diagnostic and radiographic studies: EMG/NCV of the right upper extremity performed on February 18, 2010 demonstrated no electrodiagnostic evidence of motor delay across the right elbow or wrist, status post ulnar nerve transposition. Mild left ulnar neuropathy at the wrist. Mild right carpal tunnel syndrome. EMG/NCV of the right upper extremity performed on February 11, 2009 demonstrated an ulnar neuropathy across the elbow. Normal right medium sensory and motor study without electrodiagnostic evidence for median neuropathy." Diagnoses include right hand/wrist derangement and status post right wrist fusion surgery. Treatment plan states, "I am recommending him to proceed with hand surgeon consultation and x-rays of the right wrist which we will schedule. I am requesti

IMR ISSUES, DECISIONS AND RATIONALES

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

evaluation with a right shoulder MR arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for right shoulder MRI arthrogram, Occupational Medicine Practice Guidelines state that routine testing and more specialized imaging studies are not recommended in the 1st month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. Official Disability Guidelines (ODG) state that MR arthrography is recommended as an option to detect the labral tears, and for suspected re-tear postop rotator cuff repair. Within the documentation available for review, it appears the patient has undergone numerous imaging studies already. The AME physician states that he needs to review previous MRI studies before formulating an opinion about the patient's overall condition. There is no statement indicating why the previously performed studies would be inadequate to provide the information needed for the AME physician. Additionally, there is no documentation indicating how the patient's symptoms and objective examination findings have changed since the time of the most recent imaging study of this body part. In the absence of such documentation, the currently requested shoulder MR Arthrogram is not medically necessary.

Repeat CT of the Right Wrist: 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): 269.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for "repeat CT of the right wrist," Occupational Medicine Practice Guidelines state that imaging studies to clarify a diagnosis may be warranted if the medical history and physical examination system suggest specific disorders. Official Disability Guidelines (ODG) Minnesota states that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself

would warrant an imaging study, when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, there is no identification as to how the patient's subjective complaints and objective findings have changed since the time of the last right wrist CT scan. Additionally, there is no statement indicating how the patient's medical treatment plan will be affected by the outcome of the currently requested "repeat CT of the right wrist." In the absence of such documentation, the currently requested "repeat CT of the right wrist" is not medically necessary.

Evaluation with EMG/NCS: 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): 261.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for EMG of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is no statement indicating how the patient's symptoms have changed since the time of the most recent electrodiagnostic studies. Additionally, it is unclear exactly what extremity(s) is being requested for electrodiagnostic studies. Finally, there is no statement indicating how the patient's treatment plan will be affected by the outcome of the requested study. In the absence of clarity regarding these issues, the currently requested "prospective evaluation with EMG/NCS" is not medically necessary.