

Case Number:	CM13-0037927		
Date Assigned:	12/18/2013	Date of Injury:	04/10/2008
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Practice and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 4/10/08. The mechanism of injury was a fall. The patient reported immediate pain to her left shoulder and left wrist. X-rays were obtained on 4/10/08 with no discussion of results. She later developed neck and left elbow pain in addition to her left wrist and left shoulder pain. She was given medication and her left wrist was wrapped. She later began an unknown duration of physical therapy and received an electromyogram/nerve conduction velocity (EMG/NCV) study and magnetic resonance imaging (MRI) of the left wrist; the reports were not included for review. In 2009, the patient underwent an unspecified left elbow surgery with noted benefit and received an unknown duration of postoperative physical therapy. The patient reports being unemployed since the date of injury and did not seek any medical attention from 2009 until May 2013. The patient sought treatment once again for complaints of neck pain, left shoulder pain, left elbow pain, and left wrist pain. Her current medications include over-the-counter ibuprofen as needed. The patient's new diagnoses include cervical spine degenerative disc disease (722.4), lumbar/lumbosacral disc degeneration (722.52), low back syndrome (724.2), and FX distal and ulna (alone) closed (813.43).

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) for left shoulder/elbow/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand section

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

Decision rationale: MTUS guidelines state that special studies are not needed unless a 4 to 6 week period of conservative care fails to improve symptoms. Guidelines further indicate that MRIs in particular, are used to help identify and define impingement syndrome, rotator cuff tears, recurrent dislocations, tumors and infection. In this patient's case, the most recent thorough physical examination dated 5/14/13 showed no range of motion deficits to the shoulder, no tenderness, a negative impingement sign as well as other negative orthopedic tests for the shoulder, and 5/5 motor strength. In regard to the left elbow, the patient had no range of motion deficits with only slight tenderness of the lateral epicondyle and a noted well-healed, incisional scar. The left wrist showed range of motion deficits appropriate for her previous hardware implantation. There were negative Finkelstein, Phalen, and Tinel signs and normal finger range of motion was reported. In addition, the patient has not received any treatment in the last 4 to 5 years, and had previously received treatment only for the bilateral wrists. Due to the lack of clinical information submitted that documents evidence of a 4 to 6 week failed course of recent conservative care, the current request is not medically indicated at this time. The request for MRI left shoulder/elbow/wrist is not medically necessary and appropriate.

EMG/NCV study for bilateral upper extremities (UE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212-214 & 272.

Decision rationale: MTUS guidelines state that electromyogram/nerve conduction velocity (EMG/NCV) studies are only appropriate in patients who show severe rotator cuff weakness and for patients who exhibit carpal tunnel symptoms on physical examination. In this patient's case, the medical records submitted for review indicate that the patient currently has no abnormal cervical findings. The patient's physical examination provided does not exhibit any shoulder weakness or carpal tunnel symptoms. As such, electrodiagnostic testing is not indicated, and the request for EMG/NCV study bilateral UE is not medically necessary. The request for EMG/NCV study for bilateral upper extremities (UE) is not medically necessary and appropriate.

Second left wrist splint dispensed on 8/12/13: 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), Hand/Wrist section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: MTUS guidelines only recommend splinting in cases of carpal tunnel syndrome and de Quervain's syndrome. In this patient's case, medical records submitted for review fail to evidence physical exam findings to support either of these diagnoses, thus there is no indication for a splint at this time. Moreover, there was also no documentation provided as to why the patient needs a replacement splint only a short 3 months after the original splint was dispensed. As such, the request for a second wrist splint medically necessary, dispensed originally on 5/28/13 with second dispensed on 08/12/13, is not medically necessary. The request for second left wrist splint dispensed on 8/12/13 is not medically necessary and appropriate.