

<b>Case Number:</b>	CM13-0038513		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/22/2009
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 60-year-old male who reported an injury on 11/22/2009. The patient is currently diagnosed with right shoulder internal derangement, left shoulder internal derangement, right elbow lateral epicondylitis, left elbow lateral epicondylitis, right wrist and hand surgery, and failed left wrist and hand surgery. The patient was seen by [REDACTED] on 11/07/2013. The patient reported pain in bilateral shoulders, bilateral elbows, and bilateral wrists and hands. Physical examination revealed 2+ tenderness and intact sensation. Treatment recommendations included an MRI of the bilateral upper extremities and left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for six (6) weeks for the left shoulder, bilateral elbows, wrists/hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Elbow Chapter, Forearm, Wrist & Hand Chapter, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state treatment for a sprained shoulder includes 10 visits over 8 weeks; treatment for lateral epicondylitis includes 8 visits over 5 weeks; and treatment for pain in a joint of the hand or wrist includes 9 visits over 8 weeks. As per the clinical notes submitted, the patient has previously completed a course of postoperative therapy for the right wrist. Documentation of the previous course of treatment with efficacy and total duration was not provided for review. The patient's recent physical examination on the requesting date of 11/07/2013 does not address range of motion deficits, orthopedic testing, or a neurologic examination. Additionally, the current request for 12 sessions of physical therapy for the left shoulder, bilateral elbows, wrists and hands exceeds guideline recommendations for a total duration of treatment. Therefore, the request is noncertified.

**MRI right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-2, Chronic Pain Treatment Guidelines ACOEM Guidelines 2004 2nd edition Revised Elbow Chapter. Decision based on Non-MTUS Citation ODG Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Magnetic Resonance Imaging.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state the criteria for ordering imaging studies include the emergence of a red flag, and failure to progress in a rehabilitation program with evidence of significant tissue insult or neurological dysfunction. As per the clinical documentation submitted, there is no evidence of a significant neurologic dysfunction or significant red flags. There were no plain films obtained prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is non-certified..

**MRI left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-2. Decision based on Non-MTUS Citation ODG Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Magnetic Resonance Imaging.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state the criteria for ordering imaging studies include the emergence of a red flag, and failure to progress in a rehabilitation program with evidence of significant tissue insult or neurological dysfunction. As per the

clinical documentation submitted, there is no evidence of a significant neurological dysfunction or significant red flags. There were no plain films obtained prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is non-certified.

**MRI left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Magnetic Resonance Imaging.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the clinical notes submitted, there is no evidence of plain films obtained prior to the request for an MRI. There is also no evidence of a recent failure to respond to conservative treatment prior to the request for an imaging study. There is no evidence of an acute trauma or suspicion for a specific pathology. Based on the clinical information received, the request is non-certified.

**Digital electronic range of motion test:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when re-assessing function and functional recovery. As per the clinical documentation submitted, there is no medical rationale provided which elaborates as to why a physical examination would not suffice, as opposed to computerized or electronic testing. The patient's physical examination does not elaborate on range of motion, orthopedic testing, or a comprehensive neurologic examination which would point out functional deficits and decreased physical capacity. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

**Digital electronic myometry:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when re-assessing function and functional recovery. As per the clinical documentation submitted, there is no medical rationale provided which elaborates as to why a physical examination would not suffice, as opposed to computerized or electronic testing. The patient's physical examination does not elaborate on range of motion, orthopedic testing, or a comprehensive neurologic examination which would point out functional deficits and decreased physical capacity. The medical necessity for the requested procedure has not been established. Therefore, the request is noncertified.

**Digital electronic grip strength testing:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when re-assessing function and functional recovery. As per the clinical documentation submitted, there is no medical rationale provided which elaborates as to why a physical examination would not suffice, as opposed to computerized or electronic testing. The patient's physical examination does not elaborate on range of motion, orthopedic testing, or a comprehensive neurologic examination which would point out functional deficits and decreased physical capacity. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

**Computerized sensory testing:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when re-assessing function and functional recovery. As per the clinical documentation submitted, there is no medical rationale provided which elaborates as to why a physical examination would not suffice, as opposed to computerized or electronic testing. The patient's physical examination does not elaborate on range of motion, orthopedic testing, or a comprehensive neurologic examination which would point out functional deficits and decreased physical capacity. The medical necessity for the requested procedure has not been established. Therefore, the request is noncertified.