

Case Number:	CM13-0041382		
Date Assigned:	12/20/2013	Date of Injury:	07/21/2011
Decision Date:	03/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation 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 41-year-old female who reported an injury on 07/21/2011 due to cumulative trauma while performing normal job duties that reportedly caused injury to the cervical spine, bilateral shoulders, bilateral elbows, bilateral forearms, bilateral wrists, and bilateral hands. The patient's treatment history included physical therapy, acupuncture, medications, trigger point injections, and a TENS unit. It is also noted within the documentation that the patient has undergone diagnostic studies to include a cervical MRI and an electrodiagnostic study of the upper extremities. However, an official interpretation of those diagnostic studies was not submitted for review. The patient's most recent evaluation included tenderness to palpation of the bilateral acromioclavicular joints, tenderness to palpation of the lateral and medial epicondyle of the bilateral elbows with a positive Cozen's sign. The patient's diagnoses included bilateral elbow medial and lateral epicondylitis, bilateral impingement syndrome, and bilateral De Quervain's and carpal tunnel syndrome. The patient's treatment plan included imaging studies of the bilateral elbows, bilateral shoulders, and range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page(s) 163.

Decision rationale: The neurological specialty consultation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints. However, there is no documentation of neurological deficits that would benefit from the specialty expertise of a neurologist as recommended by the American College of Occupational and Environmental Medicine. Additionally, there is no documentation that the patient is a surgical candidate that would require evaluation of a specialist. As such, the requested Neuro consult is not medically necessary or appropriate.

MRI of both shoulders: Upheld

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

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

Decision rationale: The requested MRI of the bilateral shoulders is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies when there are red flag diagnoses or when the patient is considered to be a surgical candidate. The clinical documentation submitted for review does not provide any evidence that the patient has any red flag diagnoses nor is a surgical candidate. Therefore, it is unclear how an MRI would contribute to the patient's treatment planning. As such, the requested MRI of both shoulders is not medically necessary or appropriate.

MRI of both elbows: 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 Official Disability Guidelines (ODG) Elbow Chapter, MRI.

Decision rationale: The requested MRI of both elbows is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is diagnosed with medial and lateral epicondylitis. The Official Disability Guidelines state that MRIs are usually unnecessary for treatment planning for this disease process. Additionally, the Official Disability Guidelines do not recommend an MRI for chronic pain unless there is evidence of a non-diagnostic x-ray. The clinical documentation submitted for review does not provide any evidence that the patient has recently undergone any x-rays that would be considered non-diagnostic. Therefore, an MRI of the bilateral elbows would not be medically necessary or appropriate.

Range of Motion Testing (ROM) (retro): 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 Official Disability Guidelines (ODG) Lumbar Chapter, Flexibility.

Decision rationale: The requested range of motion testing is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient had range of motion testing during the clinical examination. The Official Disability Guidelines do not recommend computerized testing over traditional clinical examination performed by the treating physician. The clinical documentation submitted for review does not provide any evidence that treatment beyond normal clinical evaluation would be necessary. As such, the requested ROM (retro) is not medically necessary or appropriate.