

<b>Case Number:</b>	CM13-0068661		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant is a 49-year-old gentleman who was injured in a work related accident on March 27, 2012. Recent assessment of November 7, 2013 indicated follow-up of orthopedic complaints of right shoulder, trapezius, right elbow, upper extremity numbness and burning pain. Physical examination findings showed equal range of motion to the shoulders with no gross deformity. There was tenderness to palpation over the right trapezius and anterolateral aspect of the right shoulder. There was positive impingement with elbow examination showing mildly diminished flexion to the right elbow compared to the left. Wrist examination was normal with full range of motion and strength. Negative Finkelstein and Tinel testing was reported. Neurologically, there was evidence of right sided weakness with Jamar testing. Recommendations at that time were for radiographs of the right shoulder, right elbow and right wrist as well as MRI scan of the right shoulder and right elbow for further clinical assessment. There was no documentation of other forms of acute findings. Previous imaging and testing is unavailable for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A MRI OF THE RIGHT ELBOW:** 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 Procedures-MRIs Section

**Decision rationale:** CA MTUS states imaging criteria is "Emergence of a red flag." There is no current clinical indication for an acute MRI of the right elbow. The claimant's current clinical complaints appear chronic in nature with no indication of acute clinical finding that would necessitate need for MRI scan at this chronic stage in clinical course of care with no documentation of prior imaging available for review. When taking into account lack of documentation of recent treatment to the elbow, this specific request would not be supported.

**AN X-RAY OF THE RIGHT WRIST:** 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), Forearm, Wrist and Hand Procedures Section

**Decision rationale:** CA MTUS states, "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." Official Disability Guideline criteria would currently not support the role of acute right wrist radiographs. Since time of injury in 2012, there is no documentation of previous imaging for review. This individual is with no indication of acute examination finding to the right wrist that would support imaging. The need for right wrist radiograph at this stage in chronic course of care would not be supported.

**AN X-RAY OF THE RIGHT ELBOW:** 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 Procedures-Radiography (X-rays) Section

**Decision rationale:** CA MTUS states, "For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. The claimant's clinical picture would not support the acute need of right elbow imaging with no indication of recent conservative measures or indication of acute symptomatic flare of condition dating back to time of initial injury. The specific request for elbow radiograph would not be supported.

**AN X-RAY OF THE RIGHT SHOULDER:** 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), Shoulder Procedure, Radiography Section

**Decision rationale:** CA MTUS Guidelines states, "The absence of red flags rules out the need for special studies, referral, or inpatient care during the first four to six weeks, when spontaneous recovery is expected." When looking at Official Disability Guideline criteria, there is no current indication for plain film radiograph of the claimant's right shoulder. While the claimant continues to be with diagnosis of impingement and trapezial tenderness, the lack of documentation of acute clinical finding, injury or significant change in symptoms would fail to necessitate a radiograph to the right shoulder.

**AN MRI OF RIGHT SHOULDER:** 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): 196.

**Decision rationale:** California ACOEM Guidelines would also not support the acute need of a right shoulder MRI. While the claimant appears to be with inflammatory process to the shoulder of a chronic fashion, there is no indication of acute clinical findings on examination or indication of previous imaging that would necessitate the acute need of an MRI. The specific request would not be indicated.