

<b>Case Number:</b>	CM14-0010251		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 59-year-old male who reported an injury on 04/21/2006. The mechanism of injury was not stated. The current diagnoses include right upper extremity stump pain and right elbow sprain/strain. The injured worker was evaluated on 01/15/2014. The injured worker reported persistent right shoulder pain and right elbow pain. A physical examination revealed 160 degree forward flexion, 40 degree extension, 140 degree adduction, 60 degree internal and external rotation, positive impingement sign, tenderness at the acromioclavicular (AC) joint, 0 to 130 degree right elbow range of motion, and a positive Tinel's testing on the right. The treatment recommendations included a right elbow brace, continuation of current medication and a copy of an MRI report for the right elbow and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI NON-CONTRAST FOR THE RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2004, 2ND EDITION, REVISED ELBOW CHAPTER, 2008, PAGE 601-602; AND OFFICIAL DISABILITY GUIDELINES (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 MTUS SHOULDER COMPLAINTS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 9) PAGE 207-209.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that the primary criteria for ordering an imaging study of the elbow includes the emergence of a red flag, failure to progress in a rehabilitation program and for patients in whom imaging study results will substantially change the treatment plan. For most patients presenting with elbow problems, special studies are not needed unless a period of at least four (4) weeks of conservative care and observation fails to improve symptoms. There is no mention of an attempt at conservative treatment prior to the request for an imaging study of the right elbow. There is also no evidence of the emergence of any red flags for serious pathology. Furthermore, the guidelines indicate that for most patients presenting with true shoulder problems, special studies are not needed unless a four to six (4 to 6) week period of conservative care and observation fails to improve symptoms. There is also no evidence of the emergence of any red flags for serious pathology with regard to the right shoulder. There is no mention of an attempt at conservative treatment for the right shoulder prior to the request for an imaging study. Based on the clinical information received, the request is not medically necessary.

**EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY 2X4 WEEKS FOR THE RIGHT SHOULDER AND WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER; AND ELBOW DISORDERS. IN. HEGMANN K (ED), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2007 REVISION) - PAGE 33-40.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that physical modalities may be useful in the initial conservative treatment of acute shoulder problems. There is medium quality evidence to support manual physical therapy, ultrasound and high energy extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. The injured worker does not maintain a diagnosis of calcifying tendonitis of the shoulder. There is no comprehensive physical examination of the right wrist provided for review. Based on the clinical information received, the request is not medically necessary.

**PURCHASE OF RIGHT ELBOW BRACE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ELBOW CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that quality studies are available on epicondylalgia support in acute, sub-acute and chronic lateral epicondylalgia patients, although braces most commonly used in research studies are not widely used. While there is insufficient evidence to support their use, they are recommended. The injured worker does report 7/10 right elbow pain. Physical examination does reveal limited range of motion of the right elbow with tenderness to palpation and positive Tinel's testing. The medical necessity for a right elbow brace has been established; therefore, the request is medically necessary.

**MRI NON-CONTRAST FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMPENSATION, ONLINE EDITION, SHOULDER CHAPTER (UPDATED 04/18/12), MAGNETIC RESONANCE IMAGING (MRI).

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that for most patients presenting with shoulder problems, special studies are not needed unless a four to six (4 to 6) week period of conservative care and observation fails to improve symptoms. There is no evidence of the emergence of any red flags for serious pathology with regard to the right shoulder. There is also no documentation of an attempt at conservative treatment prior to the request for an MRI. Based on the clinical information received, the request is not medically necessary.