

Case Number:	CM14-0153765		
Date Assigned:	09/23/2014	Date of Injury:	08/18/2009
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 sustained multiple injuries on 08/18/09. An MRA of the right elbow with interpretive services and bilateral upper extremity EMG are under review. A note dated 03/14/14 indicates that she was status post right wrist carpal tunnel release, date unknown. She had positive Tinel's sign bilaterally with the right greater than the left. She was felt to be permanent and stationary. She had positive Tinel's sign and Phalen's test of the left wrist on 03/04/14. She reported dull and aching pain. A right wrist injection was recommended. On 05/19/14, she had an AME. She complained of pain in the entire arm including the right wrist and elbow. She underwent surgery on the right elbow and right wrist in 02/2013 but her pain got worse after the surgeries. She also reported triggering in the right fourth finger. Neurologic examination was intact. There is no mention of neurologic symptoms. She had electrodiagnostic testing on 10/18/10 that showed no entrapment neuropathy in either upper extremity. She has had extensive treatment. She also has other medical problems. On 07/07/14, she had pain and tenderness. An MRA was ordered. She was given some topical cream. She complained of right wrist pain. Objective findings grip strength of 0 pounds bilaterally. She had tenderness and decreased range of motion of the right wrist. She was diagnosed with a wrist sprain, carpal tunnel syndrome, and a trigger finger. Other diagnoses were elbow and shoulder sprain and insomnia. The claimant reportedly complained on 08/11/14 of pain in the right wrist, elbow, and shoulder with tenderness in the right wrist and decreased range of motion. Her symptoms and pain were the same. An MRI of the right elbow was reviewed and an RFA for EMG of the upper extremities was requested. On 09/15/14, she still had ongoing right wrist pain at level 7/10. There was tenderness of the wrist area and decreased range of motion. She had symptoms of carpal tunnel syndrome and trigger finger. There was no mention of neurologic symptoms or signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interpretive services for MRA right elbow qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, Magnetic Resonance Angiography (MRA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hayes CW, Daffner RH, Weissman BN, Arnold E, Bancroft LW, Bennett DL, Blebea JS, Bruno MA, Fries IB, Kransdorf MJ, Luchs JS, Morrison WB, Palestro CJ, Roberts CC, Stoller DW, Taljanovic MS, Tuite MJ, Ward RJ, Wise JN, Zoga AC, Expert Panel on Musculoskeletal Imaging. ACR Appropriateness Criteria® chronic elbow pain. [online publication]. Reston (VA): American College of Radiology (ACR); 2011.

Decision rationale: The history and documentation do not objectively support the request for interpretive services for an MRA (MR arthrogram) of the right elbow as the MR arthrogram has not been shown to be medically necessary. The MTUS and ODG do not address MR arthrography of the elbow. The listed guideline above states MR arthrogram is not recommended as a first study. There is no evidence that xrays were done for further evaluation of the elbow, as would be expected. It is not clear what is being sought or ruled out with this study. The indication for this type of study has not been stated in the records and none can be ascertained by review of the submitted records. The medical necessity of this request for interpretive services for an MRA (MR arthrography) of the right elbow has not been clearly demonstrated.

Bilateral upper extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The history and documentation do not objectively support the request for an EMG of the bilateral upper extremities. The MTUS state "NCV for median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment may be recommended. Also, Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment is not recommended." The claimant had normal electrodiagnostic studies in 2010 and is status post carpal tunnel release on the right side. She had chronic pain in her wrists and positive Tinel's of the left wrist in March 2014. However, her course of conservative treatment to date for these complaints is unclear. Only tenderness has been documented during multiple more recent office visits. The MTUS do not support routine use of these studies to evaluate carpal tunnel syndrome. There is

no evidence that NCV has been done and were nondiagnostic. There is no evidence of possible radiculopathy for which an EMG would appear to be necessary. There is no documentation of focal neurologic deficits involving the right wrist and hand. It is not clear how the results of this study would be likely to change the claimant's course of care. The medical necessity of this request for bilateral upper extremity EMG has not been clearly demonstrated. Therefore, the request for bilateral upper extremity EMG is not medically necessary and appropriate.

MRA right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, MRA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hayes CW, Daffner RH, Weissman BN, Arnold E, Bancroft LW, Bennett DL, Blebea JS, Bruno MA, Fries IB, Kransdorf MJ, Luchs JS, Morrison WB, Palestro CJ, Roberts CC, Stoller DW, Taljanovic MS, Tuite MJ, Ward RJ, Wise JN, Zoga AC, Expert Panel on Musculoskeletal Imaging. ACR Appropriateness Criteria® chronic elbow pain. [online publication]. Reston (VA): American College of Radiology (ACR); 2011.

Decision rationale: The history and documentation do not objectively support the request for an MRA (MR arthrogram) of the right elbow for evaluation of the claimant's chronic symptoms. The MTUS and Official Disability Guidelines (ODG) do not address MR arthrography of the elbow. The listed guideline above states MR arthrogram is not recommended as a first study. There is no evidence that xrays were done for further evaluation of the elbow, as would be expected. The specific indication for this type of study has not been described in the records and none can be ascertained by review of the submitted records. Therefore, the request for a MRA of the right elbow is not medically necessary and appropriate.