

Case Number:	CM14-0180449		
Date Assigned:	11/05/2014	Date of Injury:	08/01/2014
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of August 1, 2014. A utilization review determination dated September 22, 2014 recommends noncertification for an MRI of the right humerus. Non-certification was recommended due to lack of documentation of a differential diagnosis and rationale for evaluation despite normal x-rays of the humerus and shoulder. A progress report dated September 10, 2014 identifies that the patient has had complaints since 2009 or 2010. The patient has previously undergone physical therapy and seen a neurologist. She has previously undergone an MRI of the head, shoulder, right hand, neck, and back. She underwent an EMG/NCV of the right upper extremity. Current complaints include right forearm wrist and hand pain with atrophy of the extensor muscles with numbness and tingling, right shoulder and arm pain, neck pain, mid back pain, lower back pain, and headaches. The physical examination reveals tenderness to palpation in the cervical spine with reduced range of motion. The right shoulder has tenderness to palpation with restricted range of motion. Right elbow examination reveals atrophy of the right upper extremity extensor group with decreased strength. There is also decreased sensation to pinprick and light touch in the right upper extremity. Radiographs were obtained of the right humerus and shoulder which were normal. An EMG/nerve conduction velocity study performed on January 19, 2012 reportedly identifies abnormal findings consistent with severe neurogenic changes in muscles innervated by the radial nerve likely at the spiral groove as the triceps is unaffected. Diagnoses include right elbow/wrist extensor/flexor tendinitis with severe atrophy of the extensor musculature in the forearm secondary to radial nerve entrapment/injury, right shoulder impingement/tendinitis, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and headaches. The treatment plan recommends an MRI of the cervical spine to evaluate for nerve root compression and an MRI of the right humerus

focusing along the spiral groove to evaluate for radial nerve entrapment leading to atrophy of the muscles of the right forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right humerus: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for upper extremity MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is documentation of a red flag in the form of severe atrophy of the extensor muscles of the upper extremity. Additionally, the patient has failed conservative treatment. Furthermore, electrodiagnostic studies point towards a lesion of the radial nerve along the spiral groove. Therefore, further workup should be performed to identify what may be causing the radial nerve lesion. As such, an MRI of the humerus is medically necessary.