

Case Number:	CM14-0041380		
Date Assigned:	06/27/2014	Date of Injury:	02/03/2014
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, elbow, and wrist pain reportedly associated with an industrial injury of February 3, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for MRI imaging of the elbow, neck, and hand. Six sessions of chiropractic manipulative therapy were approved, despite an unfavorable ACOEM position on the same. An electrical stimulator was deemed not medically necessary. This was not a chronic pain case. However, the Claims Administrator utilized the MTUS Chronic Pain Medical Treatment Guidelines for a TENS unit. The applicant's attorney subsequently appealed. In a February 17, 2014 doctor's first report, it was suggested that the applicant presented with hand pain, wrist pain, possible ulnar neuropathy, possible cervical radiculitis, and a ganglion cyst. A wrist splint was endorsed. It was stated that the applicant would be given work restrictions which the applicant's employer was likely unable to accommodate. Physical therapy was sought as of that point in time. On March 17, 2014, it appeared that the applicant had transferred care elsewhere, to a new primary treating provider, a chiropractor. The applicant presented with ongoing complaints of elbow, wrist, hand, and neck pain. The note was extremely difficult to follow. The applicant did exhibit some weakness about the hand. The applicant was described as carrying diagnosis of cervical radiculopathy, elbow strain, wrist sprain, wrist ganglion cyst, and possible ulnar neuropathy. A TENS unit purchase/ART stimulator was also endorsed. The applicant was placed off of work, on total temporary disability. The attending provider stated that it was unclear whether there was a double crush phenomenon present here. The applicant's prior treating provider noted on March

7, 2014 that it was unclear whether there was a double crush phenomenon with carpal tunnel syndrome and/or cervical radiculopathy present. It was stated that the applicant had persistent complaints of burning pain and paraesthesias about the right hand, which might represent a result of compressive neuropathy at either the wrist or elbow versus a cervical radiculopathy. The applicant had positive Tinel signs about the wrist and elbow. 4+/5 elbow and wrist strength were noted with decreased sensorium noted about the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow, cervical spine, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: All the three requests were tied together as one larger request. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT scanning is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention insofar as the cervical spine is concerned. While this request would nevertheless have been supported on the grounds that the attending provider was attempting to distinguish between a cervical radiculopathy and/or an ulnar neuropathy/median neuropathy, however, the request was tied to concomitant requests for MRI imaging of the elbow and hand. Since these requests were not indicated, the entire request is not recommended. The Independent Medical Review does not furnish a reviewer with the opportunity to issue conditional or partial certifications. Thus, the MRI imaging of the cervical spine is not medically necessary. Similarly, the proposed MRI of the right hand is also not medically necessary, medically appropriate, or indicated here. The principal suspected diagnosis insofar as the hand is concerned is that of carpal tunnel syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. No rationale for selection of this particular test in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request is not medically necessary. The proposed MRI of the right elbow is also not medically necessary, medically appropriate, or indicated here. The principal suspected diagnosis insofar as the elbow is concerned is possible cubital tunnel syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 2, page 13, nerve conduction testing and/or EMG testing are the tests and results which are typically used to diagnose ulnar nerve root entrapment/cubital tunnel syndrome. It is unclear why MRI imaging of the elbow is being sought as ACOEM does not support MRI imaging to help identify and define suspected cubital tunnel syndrome. Therefore, the request for MRI is not medically necessary.

ART Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, TENS stimulators are deemed "not recommended." Similarly, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 also states that TENS units are deemed "not recommended." Finally, the MTUS Guideline in ACOEM Chapter 10, Table 4, page 40 states that there is "no recommendation" on TENS units for evaluating or managing elbow complaints. Thus, the ACOEM's positions on TENS units insofar as the hand, cervical spine, and elbow are concerned are, at best, tepid to unfavorable. No rationale for selection and/or purchase of the ART stimulator/TENS unit in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request for ART Stimulator is not medically necessary.