

Case Number:	CM14-0053122		
Date Assigned:	08/08/2014	Date of Injury:	05/10/2013
Decision Date:	10/15/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Preventative Medicine and is licensed to practice in Texas. 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 38 year old female who was injured at work on 05/10/2013. The injured worker saw her doctor with a complaint of pain in her neck, right shoulder, arm, upper and lower back, abdomen, elbows and forearms, and both wrists. The injured worker ascribed the pain to emotional stress at work on 05/10/2013. There was no specific injury, but her job requires repetitive awkward postures, lifting and pushing for an appreciable length of time. Her initial evaluation included CT scan; following which she was given medications, and she has remained off work. The physical examination was positive for upper extremity tenderness. The injured worker has been diagnosed with right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments include Tramadol and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for MRI Right Wrist. The MTUS does not recommend MRI of the wrist except for suspected infections.

MRI Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for MRI left Wrist. The MTUS does not recommend MRI of the wrist except for suspected infections.

X-Ray of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

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

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for X-Ray of the Right Shoulder. The MTUS does not recommend routine X-Ray of the Shoulder. Furthermore, the MTUS recommends against only relying on imaging studies to evaluate the source of shoulder symptoms due to the risk of identifying a finding that was present before symptoms began with no association with the symptoms. Most cases of shoulder disorder can be made at the bedside from the history and

physical examination; but the records reviewed did not provide detailed findings on shoulder examination. The requested test is not medically necessary.

X-Ray of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

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

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for X-Ray of the Left Shoulder. The MTUS does not recommend routine X-Ray of the Shoulder except. Furthermore, the MTUS recommends against only relying on imaging studies to evaluate the source of shoulder symptoms due to the risk of identifying a finding that was present before symptoms began with no association with the symptoms. Most cases of shoulder disorder can be made at the bedside from the history and physical examination; but the records reviewed did not provide detailed findings on shoulder examination. The requested test is not medically necessary.

X-Ray of the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011, General Approach to Initial Assessment and Documentation, Elbow Complaints.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review indicate a medical necessity for X-Ray of the Right Elbow. Although the ACOEM guideline recommends Elbow X-ray as initial test for evaluation of most cases of elbow pain, including acute, subacute, or chronic elbow pain, x ray should not take the place of thorough physical examination. The report did not provide any findings on detailed examination of the elbow. Therefore, the requested test is not medically necessary.

X-Ray of the Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), General Approach to Initial Assessment and Documentation, Elbow Complaints.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review indicate a medical necessity for X-Ray of the Left Elbow. Although the ACOEM guideline recommends Elbow X-ray as initial test for evaluation of most cases of elbow pain, including acute, subacute, or chronic elbow pain, X- ray should not replace the role of thorough physical examination. The report did not provide any findings on detailed examination of the elbow. Therefore, the requested test is not medically necessary.

X-Ray of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for X-Ray of the Right Wrist. The MTUS does not recommend X-ray of wrist except in suspected cases of scaphoid fracture or gamekeeper thumb. The requested test is not medically necessary.

X-Ray of the Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability

Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for X-Ray of the Left Wrist. The MTUS does not recommend X-ray of wrist except in suspected cases of scaphoid fracture or gamekeeper thumb. The requested test is not medically necessary.

X-Ray of the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for X-Ray of the Right Hand. The MTUS does not recommend X-ray of wrist or hand except in suspected cases of scaphoid fracture or gamekeeper thumb. The requested test is not medically necessary.

X-Ray of the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for

review do not indicate a medical necessity for X-Ray of the Left Hand. The MTUS does not recommend X-ray of wrist or hand except in suspected cases of scaphoid fracture or gamekeeper thumb. The requested test is not medically necessary.

ROM, Right and Left Shoulder, Right and Left Elbow, Right and Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sections: Shoulder (Acute & Chronic), Elbow (Acute & Chronic), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), General Approach to Initial Assessment and Documentation.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of diagnosed of right shoulder strain, left shoulder strain, left elbow strain, right elbow strain, left wrist/hand strain, right wrist and hand strain. Treatments have included Tramadol and Ambien. The medical records provided for review do not indicate a medical necessity for ROM, Right and Left Shoulder, Right and Left Elbow, Right and Left Wrist. The ACOEM guideline recommends focused regional examination as part of the initial assessment of the individual to be done by the treating physician. Although ranges of motion exercises are recommended for upper extremity injuries, the requested treatment does not clearly explain whether this is what is being requested. The request is not medically necessary and appropriate.