

<b>Case Number:</b>	CM14-0078509		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 60-year old female with an industrial injury that she sustained on 10/09/2012. The relevant complaints included shoulder pain, elbow pain and wrist pain on the right side. She had a history of industrial injury to the right shoulder on May 23, 2011 for which she underwent a right arthroscopic shoulder surgery. During a qualified medical examination in February of 2014, she was noted to have limited range of motion of the right shoulder and no limitation of range of motion of the elbow or wrist on the right side. During her visit on 11/20/2013, she was found to have right elbow pain, right wrist pain, right shoulder pain and bilateral knee pain. Her diagnoses during the visit included right shoulder tenosynovitis, right elbow lateral epicondylitis, right wrist carpal tunnel syndrome and bilateral knee internal derangement. X-ray of the right elbow in December of 2013 revealed osteopenia, osteophytes off the radial head and coronoid process of the ulna and no abnormalities. An x-ray of the right shoulder and an x-ray of the right wrist at the same time showed osteopenia without any other acute abnormalities. An MRI of the right elbow and an MRI of the right wrist done on September 28, 2013 were unremarkable. She had an initial consultation with pain management on September 10, 2013. Her complaints were pain in the shoulder, forearm and right hand from repetitive grip, grasp, lift, push and pull. Her pain in the right wrist was dull aching in nature. Her shoulder pain was 2-6/10 in intensity. She had a prior history of injuries to the carpal tunnel and right shoulder. On examination she had tenderness to palpation over the right shoulder, unrestricted range of motion and a positive Hawkins and Neer's tests. Her elbow examination was unremarkable. Examination of bilateral wrist was positive for Tinel's sign and otherwise normal. The diagnoses included shoulder strain status post arthroscopy surgery with recurrence of pain and bilateral carpal tunnel syndrome, right worse than left. It was noted that she had tried

conservative management including bracing, therapy, work modifications and medications without any relief. The request is for MRI right elbow, shoulder and wrist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective MRI of the right elbow (DOS: 4/10/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-42.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI.

**Decision rationale:** According to Official Disability Guidelines, MRI is usually not necessary for Epicondylitis. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. The employee was having right elbow pain and wrist pain. During her examination she was noted to have unremarkable elbow and wrist examination except for a positive Tinel's sign. Her diagnoses included lateral epicondylitis and carpal tunnel syndrome. There are no red flags that would necessitate an urgent MRI including ligament injury, tumor or infection. There is no documentation that the employee had failed conservative treatment including cortisone injections. The request for an MRI of elbow is not medically appropriate or necessary.

#### **Retrospective MRI of the right shoulder including external and internal rotation (DOS: 4/10/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** According to ACOEM guidelines, patients with subacute or chronic shoulder pain with symptoms or clinical suspicion of impingement, rotator cuff tendinosis or tears and subacromial bursitis or other concerns about the shoulder joint requiring MR imaging. Those with subacute or chronic pain should generally have failed additional non-operative treatment including NSAID, exercise and injection(s). The employee had a prior history of shoulder injury and rotator cuff repair by arthroscopy. She was having recurrence of shoulder pain. During her examination she was noted to have unrestricted range of motion, but had a positive Hawkin's test and Neer's test. There is no documentation that she had failed shoulder cortisone injection(s). There is also no documentation of suspicion of rotator cuff full thickness or partial thickness tear. The request for an MRI of shoulder is not medically appropriate or necessary.

#### **Retrospective MRI of the right wrist including extension and flexion (DOS: 4/10/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and wrist disorders, MRI.

**Decision rationale:** According to Official Disability guidelines, MRI of wrist is indicated in acute hand or wrist trauma and chronic wrist pain in the setting of suspicion of soft tissue tumor. The employee had right wrist pain with diagnosis of carpal tunnel syndrome. Her examination was significant only for Tinel's sign and otherwise her wrist examination was normal. Her prior MRI in September 2013 was unremarkable. The request for MRI wrist is not medically necessary or appropriate.