

Case Number:	CM14-0089687		
Date Assigned:	08/08/2014	Date of Injury:	06/23/2012
Decision Date:	09/11/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Orthopedic Surgery 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 33-year-old male tree trimmer sustained an industrial injury on 6/23/12. Injury occurred when he was working in a tree and the rope for his safety harness got caught in a roller machine, causing him to be torqued to the left and twisted in the rope. He sustained multiple left rib fractures with a small pneumothorax, left thumb fracture, and impacted fracture of the left radial head. The patient underwent open reduction and internal fixation (ORIF) of the left thumb and extensor pollicis longus repair on 6/29/12. Right thigh injury occurred when he hit the tree. He was diagnosed with partial rupture to the right quadriceps muscle. Multiple MRI studies have been performed for the various body parts. Imaging of the left wrist was performed on 10/8/12, 11/6/12, and 10/16/13; left elbow on 10/8/12, 11/6/12, and 10/16/13, left shoulder on 9/20/13 and 11/14/13, and left hand on 11/19/12 and 10/16/13. The 10/16/13 left thumb MRI impression documented postsurgical changes with no other gross abnormality. The 10/16/13 left elbow MRI impression documented subchondral cyst/erosion at the medial aspect of the radial head, and minimal joint effusion. The 10/16/13 right thigh MRI was reported unremarkable. The 10/16/13 left wrist MRI documented dorsal intercalated segmental instability and minimal ulnocarpal joint effusion. The 11/14/13 left shoulder MRI impression documented supraspinatus and infraspinatus tendinosis with no other significant findings. The 4/7/14 treating physician report cited frequent to constant moderate to severe neck, bilateral shoulder, low back, bilateral knee, and left elbow, wrist, and thumb pain. Right thigh pain was intermittent, mild to moderate. No laxity or instability was reported upon the elbow exam, however there was olecranon tenderness documented, decreased range of motion and negative provocative testing. A wrist exam documented carpal tenderness, decreased range of motion, negative mechanical signs, and negative provocative testing. A right thigh exam documented a well healed laceration. Left thumb exam documented tenderness at the base and proximal interphalangeal joint, decreased

range of motion, inability to make a fist, and decreased myotomes. The diagnoses included cervical herniated nucleus pulposus and radiculopathy, left shoulder sprain/strain, status post left elbow fracture with subchondral cyst/erosion and residual pain, left wrist instability, status post ORIF left thumb fracture, and right thigh pain. The treatment plan requested MRIs of the left elbow, wrist, and thumb, and right thigh, shockwave therapy to multiple body parts, and referral to a hand specialist. The 5/15/14 utilization review denied the MRI requests as there was no evidence of plain films or pathology to support the medical necessity. Extracorporeal shockwave therapy (ESWT) was denied based on a failure to meet guideline indications and absence of guideline support. The request for hand specialist consultation was denied as there was no evidence of failed conservative treatments or red flag indications to support the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4, 42. Decision based on Non-MTUS Citation Official Disability Guidelines-Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Magnetic resonance imaging.

Decision rationale: The California MTUS guidelines provide specific criteria for elbow imaging. Criteria include emergence of a red flag, the imaging study results will substantially change the treatment plan, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The Official Disability Guidelines state that, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Guideline criteria have not been met. This patient has been afforded multiple serial MRI scans of the left elbow, on 10/8/12, 11/6/12, and 10/16/13. There is no indication that there has been a change in symptoms and/or findings suggestive of significant pathology. Therefore, this request is not medically necessary.

MRI of Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, MRI's (magnetic resonance imaging).

Decision rationale: The California MTUS state that, "Most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The Official Disability Guidelines indications for imaging include, "Acute hand or wrist trauma when there is suspicion for acute distal radius fracture, acute scaphoid fracture, gamekeeper injury (thumb MCP ulnar collateral ligament injury), soft tissue tumor, or Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Guideline criteria have not been met. This patient has been afforded multiple serial MRI scans of the left wrist, on 10/8/12, 11/6/12, and 10/16/13. There is no indication that there has been a change in symptoms and/or findings suggestive of significant pathology. Therefore, this request is not medically necessary.

MRI of Left Thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS state that, "Most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." The Official Disability Guidelines indications for imaging include, "acute hand or wrist trauma when there is suspicion for acute distal radius fracture, acute scaphoid fracture, gamekeeper injury (thumb MCP ulnar collateral ligament injury), soft tissue tumor, or Kienbock's disease." Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. This patient has been afforded multiple serial MRI scans of the left thumb, on 11/19/12 and 10/16/13. There is no indication that there has been a change in symptoms and/or findings suggestive of significant pathology. Therefore, this request is not medically necessary.

MRI of Right Thigh: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg (Acute & Chronic).

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: 2014 NIA Standard Clinical Guidelines. National Imaging Associates, Inc.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide specific criteria for imaging of the thigh. The NIA Clinical Standard Guidelines provide direction for MRI of the lower extremity. "Imaging is indicated for evaluation of suspicious mass/tumor, known cancer, suspected infection or inflammatory disease (osteomyelitis), suspected avascular necrosis, known autoimmune disease, known or suspected fracture, persistent pain, pre-operative evaluation, post-operative evaluation, or abnormal bone scan or x-rays." Guideline criteria have not been met and the report on 10/16/13 regarding the MRI to the right thigh was unremarkable. There is no indication that there has been a change in symptoms and/or findings suggestive of significant pathology. Therefore, this request is not medically necessary.

3 Shockwave Therapy Treatments for each body part: cervical, lumbar, left shoulder, left elbow, left wrist, left thumb, right thigh and left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-Lumbar & Thoracic, Shoulder, Elbow, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Shoulder, Knee and Leg, Forearm, Wrist & Hand; Shockwave therapy; Extracorporeal shockwave therapy.

Decision rationale: The California MTUS guidelines strongly recommend against the use of extracorporeal shockwave therapy in the treatment of elbow conditions. The Official Disability Guidelines strongly recommend against the use of shockwave in low back conditions. Shoulder extracorporeal shockwave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. The Official Disability Guidelines indicate that ESWT is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In general, (ESWT) is contraindicated in postsurgical conditions, cervical compression, and patients with bilateral pain. Guideline criteria have not been met for the use of (ESWT) in any of these body parts. Therefore, this request is not medically necessary.

Consultation with Hand Specialist for Left Hand/Thumb: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270.

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), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines recommend, "Referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." It is clear that the guideline criteria have been met. This patient is status post open reduction and internal fixation of the left thumb fracture with residual pain and strength loss. There are left wrist imaging findings of instability. A consultation with a hand specialist for treatment recommendations is reasonable. Therefore, this request is medically necessary.