

Case Number:	CM14-0190595		
Date Assigned:	11/24/2014	Date of Injury:	01/16/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 48-year-old female with a 1/16/13 date of injury, when she slipped, twisted her left ankle and fell forward onto her hands and then dropped onto the front of her body. The patient underwent a right shoulder arthroscopic surgery on 6/27/13. The patient was seen on 9/19/14 with complaints of pain in the right shoulder, right elbow, right wrist, and left ankle. The patient also reported numbness and tingling in the fingers and occasional swelling in the left ankle. The physical examination revealed decreased ranges of motion of the right shoulder, positive right Neer's impingement test, positive right Hawkins-Kennedy impingement test and tenderness to palpation over the lateral epicondyle of the right elbow. The right Tinel's sign and right elbow flexion test were positive. The range of motion of the bilateral wrist was normal, there was tenderness over the right wrist and right Phalen's and right Durkan's median compression tests were positive in the right wrist. The range of motion of the bilateral ankles was normal, there was tenderness over the anterior and lateral left ankle and anterior drawer sign was positive on the right. The patient was seen on 10/14/14 with complaints of neck pain, upper back pain, and right shoulder pain. Exam findings revealed tenderness to palpation over the cervical and thoracic paraspinals, decreased range of motion of the cervical and thoracic spine and pain in the right shoulder. The diagnosis is status post right shoulder arthroscopy and arthrotomy, rule out cervical radiculopathy, right lateral epicondylitis, rule out triangular fibrocartilage tear of the right wrist, rule out right median and ulnar nerve compression neuropathy and left ankle sprain. Radiographs of the right shoulder dated 9/19/14 (the radiology report was not available for the review) showed evidence of a subacromial decompression. Radiographs of the right elbow dated 9/19/14 (the radiology report was not available for the review) showed normal density of bony structures, no fracture, dislocation or subluxation and no soft tissue abnormality. Radiographs of the left hand and wrist dated 9/19/14 (the radiology report was not available for the review)

showed evidence of ulnar positive variance. Radiographs of the left ankle dated 9/19/14 (the radiology report was not available for the review) were unremarkable. NCS/EMG of the bilateral upper extremities dated 10/14/14 revealed borderline right carpal tunnel syndrome affecting sensory components. Treatment to date: work restrictions, cortisone injections, PT and medications. An adverse determination was received on 10/21/14 for a lack of documented conservative treatments and interval care. The request for MRI of the right elbow was denied given that an MRI was not a primary diagnostic tool for the patient's condition

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 214. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient underwent a right shoulder arthroscopic surgery on 6/27/13. During the encounter dated 9/19/14 the patient complained of pain in the right shoulder and the physical examination revealed decreased ranges of motion of the right shoulder, positive right Neer's impingement test and positive right Hawkins-Kennedy impingement test. In addition, the radiographs of the right shoulder dated 9/19/14 (the radiology report was not available for the review) showed evidence of a subacromial decompression. However, there is a lack of documentation indicating what conservative treatments were tried and failed by the patient. Therefore, the request for MRI of the right shoulder is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation ODG-TWC Elbow Procedure Summary

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for MRI studies of the elbow include chronic elbow pain, non-diagnostic plain films, and suspected elbow pathology

likely to be visible on MR imaging. However, the NCS/EMG of the bilateral upper extremities dated 10/14/14 revealed borderline right carpal tunnel syndrome affecting sensory components. In addition, given that the patient's injury was almost 2 years ago it is not clear what conservative treatments were tried and failed by the patient. Therefore, the request for MRI of the right elbow is not medically necessary.

MRI of the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: CA MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. However, the radiographs of the left hand and wrist dated 9/19/14 showed evidence of ulnar positive variance. In addition, the NCS/EMG of the bilateral upper extremities dated 10/14/14 revealed borderline right carpal tunnel syndrome affecting sensory components. Therefore, the request for MRI of the right wrist is not medically necessary.

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Foot and Ankle Chapter) MRI

Decision rationale: CA MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. However, the radiographs of the left ankle dated 9/19/14 were unremarkable. In addition, given that the patient's injury was almost 2 years ago it is not clear what conservative treatments were tried and failed by the patient. Lastly, the physical examination did not reveal significant pathologies in the left ankle region. Therefore, the request for MRI of the left ankle is not medically necessary.