

Case Number:	CM14-0201092		
Date Assigned:	12/11/2014	Date of Injury:	01/02/2014
Decision Date:	01/31/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 48-year-old woman with a date of injury of 01/02. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 03/03/2014 and 04/07/2014 indicated the worker was experiencing right arm pain and weakness. These were the most recent clinical records submitted for review. The documented examination described mild tenderness at the right ulnar wrist and outer elbow, mildly positive Tinel's sign at the right elbow, and mildly positive Phalen's sign at the right wrist.. The submitted and reviewed documentation concluded the worker was suffering from right wrist extensor carpi ulnaris tendinitis without a tear. This was consistent with the MRI imaging done on 02/27/2014. Treatment recommendations included electrodiagnostic testing and follow up care. A Utilization Review decision was rendered on 11/02/2014 recommending non-certification for an indefinite number of physical therapy sessions for the right wrist, elbow, and shoulder; MRI imaging of the right wrist, elbow, and shoulder; and electromyography (EMG) and nerve conduction velocity (NCV) studies of both arms. A MRI imaging report of the right wrist dated 02/27/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Forearm, Wrist, and Hand Complaints Page(s): 165-188, 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms; to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery; in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent; and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was suffering from right wrist extensor carpi ulnaris tendinitis without a tear. There was no discussion suggesting any of the above conditions or describing special circumstances that would support the use of these studies in this setting. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) studies of both arms is not medically necessary.

MRI for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The ACOEM Guidelines support the use of MRI imaging when there are signs and symptoms of rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor or an infection involving the shoulder, or when surgery is being considered for a specific anatomic shoulder problem. The submitted and reviewed documentation concluded the worker was suffering from right wrist extensor carpi ulnaris tendinitis without a tear. There was no discussion indicating a problem with the worker's shoulder or any of the above conditions. In the absence of such evidence, the current request for MRI imaging of the right shoulder is not medically necessary.

MRI for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 1-52.

Decision rationale: MRI for the right elbow

MRI for the right 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 (ODG), Forearm/Wrist/Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: The ACOEM Guidelines strongly recommend the use of MRI imaging with a concern for infection involving this area of the body and with a mildly strong recommendation for a concern of carpal tunnel syndrome. A MRI is not recommended for any other conditions involving forearm, wrist, and/or hand complaints. When a broken scaphoid (wrist bone) is suspected, the Guidelines recommend repeating the x-rays seven to ten days after the symptoms began. A limited bone scan can be used if x-rays are not helpful and the suspicious findings continue. The submitted and reviewed documentation concluded the worker was suffering from right wrist extensor carpi ulnaris tendinitis without a tear. This was confirmed with right wrist MRI imaging done on 02/27/2014. There was no discussion indicating a change or worsening of symptoms or findings since this imaging was done or describing special circumstances that would support the use of this study in this setting. In the absence of such evidence, the current request for repeat MRI imaging of the right wrist is not medically necessary.

Physical therapy for the right wrist/ shoulder/ elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 201-219, 253-278, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. While the ACOEM Guidelines recommend exercises for improving shoulder motion and strength, these often can be performed in the home after brief education. However, this type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from right wrist extensor carpi ulnaris tendinitis without a tear. These records suggested the worker may have had some physical therapy in the past, but details were not provided. There was no indication the worker

had an issue with the right shoulder. For these reasons, the current request for an indefinite number of physical therapy sessions for the right wrist, elbow, and shoulder is not medically necessary.