

Case Number:	CM15-0007393		
Date Assigned:	01/22/2015	Date of Injury:	12/31/2013
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female who reported an injury on 12/31/2013. The mechanism of injury was repetitive work. Her diagnoses include cervical spine sprain/strain with radiculitis, right shoulder impingement syndrome, right elbow medial and lateral epicondylitis, right de Quervain's syndrome, right carpal tunnel syndrome, right ulnar neuritis, and right wrist sprain/strain. Past treatment was noted to include therapy to the neck and bilateral hands, a hand brace, elbow brace, home stimulator, medications, and activity modifications. X-rays were taken of the neck, bilateral hands, and right shoulder, and an MRI was performed of the neck, as well as an EMG/NCV of the upper extremities, though the results of these diagnostic studies were not provided. On 11/11/2014, the injured worker had pain to her neck, shoulder, and right wrist and elbow. She rated her pain to her neck as 7/10. Upon physical examination, it was noted the injured worker had decreased range of motion to her right shoulder measuring flexion at 170 degrees, extension at 40 degrees, abduction at 170 degrees, adduction at 40 degrees, and internal and external rotation measured 70 degrees. The range of motion to her right elbow measured decreased flexion at 135 degrees, and her range of motion to her right hand and wrist measured dorsiflexion and volar flexion at 50 degrees, ulnar deviation at 25 degrees, and radial deviation measured 15 degrees. Relevant medications were not included in the report. The treatment plan was noted to include x-rays, physical therapy, acupuncture, MRI, and a pain management specialist consultation. A request was received for physical therapy to the right shoulder, wrist, and elbow, 2 x 3, an x-ray of the right shoulder, elbow, and wrist, and an MRI of the right shoulder, elbow and wrist, for strength training, increasing range of motion,

decreasing pain, and evidence for advanced imaging of soft tissues, and to follow-up internal derangement and DFCC tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder, wrist and elbow 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Elbow forearm, Wrist & Hand Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended to restore function, such as range of motion and motor strength. The guidelines also indicate that no more than 10 visits should be necessary after an initial trial unless exceptional factors are notated. The clinical documentation submitted for review indicated the injured worker had decreased range of motion to the right shoulder, wrist, and elbow. However, these findings were not significant, and there was no documentation regarding why the injured worker would not be able to participate in an independent exercise program. Additionally, it was not indicated how many previous physical therapy sessions she has participated in to warrant additional services. Consequently, the request is not supported by the evidence based guidelines. As such, the request for physical therapy to the right shoulder, wrist, and elbow, 2 x 3, is not medically necessary.

X-ray of right shoulder, elbow and 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 Shoulder Forearm, Wrist & Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-43; 207-209; 268-269.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, imaging studies are not needed unless a period of 4 weeks of conservative care fails to improve symptoms. The guidelines indicate that plain film radiography is recommended to rule out osteomyelitis or joint effusion to the elbow. The Guidelines also indicate that for the shoulder, imaging may be indicated for documentation noting unexplained physical findings, effusion, or localized pain. In regard to the wrist, the guidelines note that radiographic films may be obtained for snuff box tenderness. The clinical documentation submitted for review did not indicate the failure of previous conservative treatment or osteomyelitis or joint effusion. There was also not a rationale to warrant additional x-rays of the right shoulder and wrist, as she was indicated to have already

undergone such x-rays at the time of the injury. Consequently, the request is not supported by the evidence based guidelines. As such, the request for an x-ray of the right shoulder, elbow, and wrist is not medically necessary.

MRI of the right shoulder, elbow and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-43; 207-209; 268-269.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, special studies are not needed unless a period of conservative care for at least 4 weeks fails to improve symptoms. The guidelines indicate that in regard to the shoulder, the criteria for imaging studies is the emergence of a red flag, neurovascular dysfunction, and the failure to progress in a strengthening program. The guidelines indicate that for the elbow, criteria for ordering imaging studies are emergence of a red flag and failure to progress in a rehabilitation program. Lastly, the guidelines indicate that imaging studies are to clarify the diagnosis for the wrist. The clinical documentation submitted for review did not indicate that previous conservative care failed to improve symptoms. Additionally, there is no documentation noting neurovascular dysfunction. Consequently, the request is not supported by the evidence based guidelines. As such, the request for an MRI of the right shoulder, elbow, and wrist is not medically necessary.