

Case Number:	CM15-0019120		
Date Assigned:	02/09/2015	Date of Injury:	02/01/2012
Decision Date:	04/06/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported an injury on 02/01/2012. The mechanism of injury was the injured worker opened a very heavy metal drawer, which came out with a lot of force, and she placed her right hand out to stop the drawer from hitting her, which caused injury to her right hand and wrist. There were multiple Requests for Authorization submitted for review for right shoulder cortisone injection dated 10/31/2014. The injured worker's diagnoses included status post right carpal tunnel release with residuals, rule out recurrent carpal tunnel syndrome, rule out ulnar entrapment in right Guyon's canal, rule out right acromioclavicular joint arthrosis and impingement syndrome with tendinitis and bursitis, lateral epicondylitis right elbow. Other therapies included physical therapy, acupuncture, injections, medications, a right wrist brace, and x-rays. The injured worker was noted to have current complaints of right shoulder pain, burning right hand and wrist pain radiating to the arms, shoulder, and neck. The pain was associated with numbness, tingling, and weakness in the right hand and wrist. The pain increased with gripping, grasping, carrying, and squeezing. The injured worker indicated she could not open a bottle of water. The injured worker had a loss of strength, and stated that items fell from her hand at times. The injured worker was noted to undergo right carpal tunnel release on 08/19/2013. Physical examination of the right shoulder revealed tenderness over the apex of the shoulder, acromioclavicular joint, anterior acromion, and subacromial area, as well as lateral subacromial area. The injured worker could abduct her shoulder to 120 degrees with pain, flexion was 160 degrees, extension 50 degrees, internal rotation 70 degrees, and external rotation was 80 degrees. The injured worker had a positive

Neer's test and acromioclavicular compression test. The empty can test created discomfort. The examination of the right elbow revealed tenderness over the lateral epicondyle and over the extensor carpi radialis brevis. There was pain with resisted wrist extension. The Cozen's test was positive. The injured worker had full range of motion. The physical examination of the right wrist and hand revealed tenderness over the volar side of the carpal tunnel. Range of motion was full. However, there was pain at extremes. The injured worker had a positive Tinel's sign, Durkan's test, and Phalen's test over the carpal tunnel, and a positive Tinel's test at the Guyon's canal. The injured worker's grip strength per the JAMAR was noted to be 8/4/2 kg on the right hand and 10/10/10 kg on the left hand with the notch set at 2. The treatment plan included x-rays of the shoulder, right hand, and wrist, and an EMG/nerve conduction study of the bilateral upper extremities, and physical therapy for the right shoulder twice a week for 6 weeks. Additionally, the request was made for a right shoulder cortisone injection if therapy fails to give reasonable relief. Additionally, the medications prescribed included ibuprofen 800 mg #60 one by mouth twice a day as needed for mild pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Additionally, imaging may be considered for an injured worker whose limitations due to consistent symptoms have persisted for more than 1 month or more. The clinical documentation submitted for review indicated the injured worker had prior care. However, there was a lack of documentation of the specific conservative care directed toward the right shoulder. Given the above, the request for x-rays of the right shoulder is not medically necessary.

X-rays of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The

clinical documentation submitted for review indicated the injured worker had a 4 to 6 week period of conservative care directed at the wrist and right hand. The injured worker had prior x-rays of the hand/wrist. There was a lack of documentation supporting the necessity for a new x-ray and the prior x-ray results were not provided. Given the above, the request for x-rays of the right hand is not medically necessary.

X-rays of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had a 4 to 6 week period of conservative care directed at the wrist and right hand. The injured worker had prior x-rays of the hand/wrist. There was a lack of documentation supporting the necessity for a new x-ray and the prior x-ray results were not provided. Given the above, the request for x-rays of the right wrist is not medically necessary.

Right shoulder cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that if the injured worker has pain with elevation that significantly limits activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative care. The clinical documentation submitted for review indicated the injured worker should undergo a corticosteroid injection if therapy failed to give the injured worker reasonable relief. There was a lack of documentation indicating the injured worker had undergone recent physical medicine treatment for the shoulder and conservative care for the shoulder. Given the above, the request for right shoulder injection is not medically necessary.

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon physical examination to support the necessity for electromyography. There were no specific myotomal and dermatomal findings. The injured worker was noted to have objective findings to support a nerve conduction study on the right side. There was a lack of documentation indicating a necessity for bilateral upper extremity studies. Given the above, the request for EMG of bilateral upper extremities is not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker had a positive Phalen's, Tinel's, and a positive Durkan's test on the right extremity. There was a lack of documentation indicating the injured worker had objective findings on the left upper extremity to support the necessity for bilateral upper extremity examinations. Given the above, the request for NCV of the bilateral upper extremities is not medically necessary.