

Case Number:	CM15-0188427		
Date Assigned:	09/30/2015	Date of Injury:	02/28/2015
Decision Date:	12/01/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 24 year old female who sustained an industrial injury 02-28-15. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine musculoligamentous sprain-strain, rule out complex regional pain syndrome-reflex sympathetic dystrophy, right wrist-forearm sprain-strain and right de Quervain's tenosynovitis, right elbow medial and lateral epicondylitis, and right shoulder sprain-strain. Medical records (08-18-15) reveal the injured worker complains of right wrist, elbow, and shoulder pain. The physical exam (08-18-15) reveals tenderness in the right wrist, elbow, and shoulder, with positive impingent and reduced range of motion in the right shoulder, elbow, and wrist. Grip strength is markedly diminished on the right as compared to the left. Sensation is decreased along the right middle and lateral half of the right ring finger in an ulnar nerve distribution. Prior treatments are not addressed. The original utilization review (08-31-15) non-certified the request for an inferential unit, MRI of the cervical spine, electrodiagnostic studies of the right upper extremity, and a diagnostic ultrasound of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS, an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential unit is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of the cervical spine is not medically necessary.

Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Electromyography (EMG), Forearm, Wrist & Hand Chapter, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that electromyography (EMG), and 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The

medical record fails to document radicular-type arm symptoms. Electromyography (EMG) of the right upper extremity is not medically necessary.

Diagnostic ultrasound study of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Ultrasound, diagnostic.

Decision rationale: The Official Disability Guidelines state that the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. There was no evidence in the medical record that the patient suffered from the above indications. Diagnostic ultrasound study of the right shoulder is not medically necessary.