

<b>Case Number:</b>	CM15-0189338		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This is a 43 year old male who sustained a work-related injury on 9-23-14. Medical record documentation on 7-28-15 revealed the injured worker was being treated for rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment neuropathy and rule out internal derangement of the bilateral elbows and wrists. He reported constant moderate pain in the bilateral wrists and hands with pain radiating to his finger. He had numbness and tingling, cramping and weakness in his hands and had dropped several objects. His pain increased with gripping, grasping, flexing, extending, rotating and repetitive hand and finger movements. He had a restricted range of motion and he reported awakening from sleep due to pain and discomfort. He reported that medications alleviated his pain. He reported constant moderate pain in the bilateral elbows with radiation of pain to the hands. His pain was aggravated by flexing, extending, gripping, torquing motions, driving and rotation of the upper extremities. He had numbness and tingling and a restricted elbow range of motion. He reported difficulty sleeping due to bilateral elbow pain and discomfort. He used Norco for pain. His elbow range of motion was flexion to 140 degrees bilaterally, supination to 70 degrees bilaterally, and pronation to 80 degrees bilaterally. He had generalized tenderness to palpation of both elbows. Provocative testing of the bilateral elbows was negative. His range of motion of the wrists was within normal limits. He had bilateral positive Phalen's and Durkan's median compression tests. On 8-28-15, the Utilization Review physician determined MRI with contract of the right elbow, right hand, left elbow and EMG-NCV of the bilateral upper extremities was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of the right elbow without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2013: Elbow Disorders.

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

**Decision rationale:** The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria, which would warrant an MRI of the elbow. MRI of the right elbow without contrast is not medically necessary.

### **MRI of the right hand without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2013: Hand/Wrist/Forearm Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** According to the Official Disability Guidelines, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI of the right hand without contrast is not medically necessary.

### **Electromyogram/ Nerve conduction studies (EMG/NCS) to the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2013: Elbow Disorders.

**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. Evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Electromyogram/ Nerve conduction studies (EMG/NCS) to the bilateral upper extremities is not medically necessary.

**MRI of the left elbow without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2013: Elbow Disorders.

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

**Decision rationale:** The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria, which would warrant an MRI of the elbow. MRI of the left elbow without contrast is not medically necessary.

**MRI of the left elbow without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2013: Elbow Disorders.

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

**Decision rationale:** The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria, which would warrant an MRI of the elbow. It is unclear why a second MRI of the left elbow is being requested. MRI of the left elbow without contrast is not medically necessary.