MAXIMUS Federal Services

Case Number:	CM15-0191549		
Date Assigned:	10/05/2015	Date of Injury:	03/27/2015
Decision Date:	12/07/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/29/2015

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 42 year old female who sustained an industrial injury on 03/27/2015. Medical records indicated the worker was treated for injury to the hands, wrists, elbows, shoulders and neck. In the provider notes of 08/17/2015 the injured worker complains of pain in the neck. On exam, there is tenderness of the trapezius bilaterally, range of motion is flexion of 40 degrees, extension is 50 degrees, bending right is 60 degrees, and left is 60 degrees, right rotation is 80 degrees and left is 80 degrees. She complains of pain in both shoulders. The shoulders have bilateral pain with positive impingement sign, tenderness of the AC joint area, and crepitation of the AC joint area Range of motion of the shoulder is full. There is diffuse weakness of the shoulder girdle area. Biceps and triceps function is normal. She has pain in her elbows and wrists. The elbows have tenderness of the medial epicondyle bilaterally, tenderness of the ulnar nerve bilaterally, positive Tinel's in the elbow area. There is weakness of the biceps and triceps and the forearms are very weak. The worker has difficulty making a fist and has tingling and numbness of both hands. Phalen's is negative. Reverse Phalen's is negative. The worker had initial x-rays of the left shoulder and left wrist. She has had one cortisone injection to the left shoulder with some benefit. The worker had physical therapy for one month directed to the upper extremities for at least nine visits with no improvement. The worker was recommended to have electromyogram-nerve conduction study of the upper extremities, MRI scan of the right and left shoulder, and MRI scan of the right and left elbow. Naproxen and Prilosec were ordered. She was given work restrictions. A request for authorization was submitted for 1. MRI left shoulder. 2. MRI right shoulder. 3. MRI left elbow. 4. MRI

right elbow. 5. EMG right upper extremity. 6. EMG left upper extremity. 7. NCV right upper extremity. 8. NCV left upper extremity. A utilization review decision 08/26/2015 non-approved MRI left shoulder, MRI right shoulder, MRI left elbow, MRI right elbow, EMG right upper extremity, EMG left upper extremity, NCV right upper extremity, NCV left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, 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 left shoulder is not medically necessary.

MRI right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, 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 right shoulder is not medically necessary.

MRI left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, MRI.

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 nondiagnostic 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 left elbow is not medically necessary.

MRI right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, MRI.

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 nondiagnostic 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 right elbow is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Evidence of severe and/or progressive neurological abnormalities has not been documented. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. EMG right upper extremity is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Evidence of severe and/or progressive neurological abnormalities has not been documented. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. EMG left upper extremity is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Evidence of severe and/or progressive neurological abnormalities has not been documented. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. NCV right upper extremity is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. Evidence of severe and/or progressive neurological abnormalities has not been documented. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. NCV left upper extremity is not medically necessary.