

Case Number:	CM15-0021902		
Date Assigned:	02/11/2015	Date of Injury:	07/14/2013
Decision Date:	04/06/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 33-year-old female who reported an injury on 07/14/2013 due to cumulative trauma. Her diagnoses include bilateral shoulder strain, bilateral wrist strain, and bilateral elbow strain. Her past treatments included medications, physical therapy, acupuncture, and surgery. An EMG of the bilateral upper extremities revealed mild bilateral carpal tunnel syndrome. On 12/02/2014, the injured worker complained of bilateral wrist pain with weakness, bilateral shoulder pain, and neck pain; with a pain rating of 7/10 for the shoulder. The physical examination of the cervical spine revealed range of motion with extension at 40 degrees, flexion at 41 degrees, right lateral bending at 40 degrees, left lateral bending at 45 degrees, and bilateral rotation at 60 degrees. The range of motion for the right shoulder revealed extension at 30 degrees, flexion 170 degrees, abduction at 170 degrees, adduction at 30 degrees, and external and internal rotation at 60 degrees. Range of motion for the left shoulder revealed extension at 30 degrees, flexion at 150 degrees, abduction at 150 degrees, adduction at 30 degrees, external rotation at 60 degrees, and internal rotation at 60 degrees. The range of motion for the bilateral wrists and elbows were indicated to be within normal values. Motor strength was indicated to be within normal values. The injured worker's reflexes were also indicated to be within normal values. Her relevant medications were not provided for review. The treatment plan included MRI of the cervical spine to rule out cervical radiculopathy; EMG/NCV studies of the upper extremities to rule out radiculopathy; MRI of the bilateral shoulders to determine the state of the anatomy and pathology; and a repeat EMG/NCV study of the bilateral wrists for carpal tunnel syndrome. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the 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- Forearm, Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The request for MRI of the right elbow is not medically necessary. According to the California MTUS/ACOEM Guidelines, criteria for ordering imaging studies includes: the imaging study results will substantially change the treatment plan; emergence of a red flag; failure to progress in a rehabilitation program with evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment; when surgery is being considered for a specific anatomic defect, and to further evaluate potentially serious pathology such as a possible tumor, when clinical examination suggests the diagnosis. The injured worker was indicated to have chronic elbow pain. However, there was lack of documentation to indicate serious pathology changes, was considering surgery; had an emergence of a red flag, failed to progress in a rehabilitation program; or had evidence of tissue insult or neurological dysfunction is present on examination. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for an MRI of the right shoulder is not medically necessary. According to the California MTUS/ACOEM Guidelines, patients whose limitations are due to consistent symptoms that have persisted for at least 1 month may be warranted if surgery is being considered for a specific anatomic defect or to further evaluate for a possibility of potentially serious pathology such as a tumor. The injured worker was indicated to have right shoulder pain. However, there was lack of documentation in regard to significant neurologic dysfunction upon examination. There was also lack of documentation to indicate a potentially serious pathology such as a tumor. There was lack of documentation to indicate current conservative care and treatment for the right shoulder. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back.

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

Decision rationale: The request for MRI of the cervical spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, an MRI may be allotted to identify neural or other soft tissue bony structures. It may also be used to confirm physiologic evidence that indicates tissue insult or nerve impairment. The injured worker was indicated to have decreased range of motion in the cervical spine. However, there was lack of documentation to indicate neurological deficits such as decreased motor strength or sensation. There was also lack of documentation to indicate that the injured worker had tissue insult or nerve impairment. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The request for MRI of the right wrist is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed until after a 4 to 6 week period of conservative care and observation has failed to improve symptoms. The exceptions for diagnostic studies include: an acute injury to the metacarpophalangeal joint of the thumb, accompanied by tenderness along the ulnar side of the joint and laxity on that side of the joint with stress; peripheral nerve impingement with no improvement or worse pain within 34 to 6 weeks; recurrence of symptomatic ganglion that has been previously aspirated; or a trigger finger that was previously treated with local injections; associated comorbidities, and joint effusion on examination. The injured worker was indicated to have right wrist pain. However, there was lack of documentation to indicate a 4 to 6 week period of conservative care and observation have failed to address the request complaint. Furthermore, there was a lack of documentation in regard to significant changes in symptoms or pathology. There was also lack of comorbidities, joint effusion, or peripheral nerve impingement to warrant an MRI of the right wrist. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

EMG/NCS bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The request for EMG/NCS of the bilateral upper extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines, the EMG/NCVs may help identify subtle, focal neurologic dysfunction in the patient's neck or arm symptoms lasting more than 3 or 4 weeks. The injured worker was indicated to have has a previous EMG/NCV to indicate bilateral carpal tunnel syndrome. However, there was lack of neurological deficits upon examination to warrant a repeat EMG/NCV of the bilateral upper extremities. Based on the above, the request was not supported by the evidence based guidelines. As such, the request is not medically necessary.