

Case Number:	CM15-0030828		
Date Assigned:	02/24/2015	Date of Injury:	07/29/2013
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 male who sustained an industrial injury on 07/29/13. He reports bilateral shoulder, and right elbow and hand pain. Treatments to date are not specified. Diagnoses includes bilateral shoulder impingement syndrome, early adhesive capsulitis, partial subcapularis tears, early elbow osteoarthritis, right medial epicondylitis, early right cubital tunnel syndrome, and bilateral early carpal tunnel syndrome. In a progress not dated 01/26/15, the treating provider recommends MRI of the right elbow, a EMG/NCV of the bilateral upper extremities, and a MRI Arthrogram of the right wrist. On 02/05/15 Utilization review non-certified the MRI of the right elbow, citing ODG guidelines. The EMG/NCV was noncertified, citing MTUS guidelines.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand: magnetic resonance imaging.

Decision rationale: According to the 01/26/2015 report, this patient presents for an evaluation and treatment of the bilateral shoulders, elbows, and hands. The patient complains of constant bilateral shoulder pain that radiates to the forearms w/ weakness, intermittent sharp right elbows and right hand w/ numbness and tingling. The current request is for MRI of the Right Elbow to "R/O intra articular loose bodies, R/O medial epicondylitis." The request for authorization is on 01/30/2015. The patient's work status is "no heavy lifting, no forceful pushing/pulling." Regarding MRI of the elbow, ODG guidelines states, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic evaluation for evaluating the adult elbow many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or nerve median, and for masses about the elbow joint." According to the records made available for review, the patient complains of sharp pain in the right elbow. Physical exam reveals "+Tinels over cubital tunnel, + TTP over medial epicondyle." It appears that the treating physician is requesting an MRI for further investigation the elbow. In this case, given the patient's complaints of continued pain, an MRI for further investigation may be warranted. ODG allows for an MRI for different symptoms of the elbow. The requested MRI of the right elbow IS medically necessary.

EMG/NCV of Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Electrodiagnostic Studies.

Decision rationale: According to the 01/26/2015 report, this patient presents for an evaluation and treatment of the bilateral shoulders, elbows, and hands. The patient complains of constant bilateral shoulder pain that radiates to the forearms w/ weakness, intermittent sharp right elbows and right hand w/ numbness and tingling. The current request is for EMG/NCV of bilateral upper extremities. The medical reports provided for review, the Utilization review states "there was no documented report of that EMG study. As such, without this clarification, repeat EMG studies are not indicated." Regarding EMG/NCS, ODG guidelines state "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The one report provided for review does not show evidence of prior EMG/NCV of the upper extremity. However, UR allured that the patient has had EMG/NCV of the upper extremity. The date and result of the mentioned studies was not included in the provided report. In this case, the treating physician has failed to document any significant worsening of this patient's condition, no new injury or diagnosis is provided and there are no red flags documented to indicate the need for a repeat EMG. Therefore, the request IS NOT medically necessary.

