

Case Number:	CM15-0042051		
Date Assigned:	03/12/2015	Date of Injury:	10/31/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York Certification(s)/Specialty: Internal 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(n) 32 year old female, who sustained an industrial injury on 10/31/14. She reported pain and numbness in the left upper extremity. The injured worker was diagnosed as having left elbow epicondylitis, ulnar radiculopathy and cervical radiculopathy. Treatment to date has included physical therapy, x-rays and pain medications. As of the PR2 dated 12/19/14, the injured worker reports improvement with physical therapy, but still having 6/10 pain in the left elbow. The treating physician noted tenderness in the left elbow and a positive Finkelstein test in the left wrist. The treating physician requested a left upper extremity MRI, physical therapy x 6 session to the left elbow and a NCT of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the upper left extremity without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, Magnetic Resonance Imaging of the left upper extremity is not medically necessary. MRI and arthropathy have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. MR imaging may provide important diagnostic information for evaluating the adult elbow including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendon, abnormality of ulnar, radial or median nerve, and for masses about the elbow joint. Indications for imaging are enumerated in the Official Disability Guidelines. They include, but are not limited to, chronic elbow pain suspect intra-articular osteocartilaginous body with non-diagnostic plain films, osteochondral injury, suspect unstable osteochondral injury, suspect nerve entrapment, suspect chronic epicondylitis, suspect collateral ligament tear, etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are ulnar radiculopathy; and cervical radiculopathy. The physician's plan indicates a left upper extremity and MRI of the cervical spine are indicated. Subjectively, pursuant to a February 6, 2015 progress note, the injured worker complains of left arm numbness and tingling in the forearm and hand. There is shooting pain in the left elbow and arm. Objectively, there is cervical paraspinal tenderness and tenderness at the medial epicondyle and ulnar aspect of the left wrist. There is no neurologic evaluation in the medical record. There are no red flags documented in the medical record. There is no clinical indication or rationale enumerated in the medical records for the MRI of the left upper extremity. Consequently, absent clinical documentation with the clinical indications/rationale and a red flag with neurologic deficit, MRI left upper extremity is not medically necessary.

Physical therapy 6 sessions left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 747.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 6 sessions left elbow is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are ulnar radiculopathy; and cervical radiculopathy. The physician's plan states a left upper extremity and MRI of the cervical spine are indicated. Subjectively, pursuant to a February 6, 2015 progress note, the injured worker complains of left arm numbness and tingling in the forearm and hand. There is shooting pain in the left elbow and arm. Objectively, there is cervical paraspinal tenderness and tenderness at the medial epicondyle and ulnar aspect of the left wrist. There is no neurologic evaluation in the medical record. There are no red flags documented in the medical record. The documentation shows the injured worker had prior physical therapy to the left elbow. There are no physical therapy progress notes and no documentation with objective functional improvement. The total number of physical therapy visits is not documented in the medical record. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no clinical facts in the medical record warranting additional physical therapy. Consequently, absent compelling clinical documentation with objective

functional improvement to warrant additional physical therapy pursuant to the recommended guidelines, physical therapy six sessions left elbow is not medically necessary.

NCT left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Nerve Conduction Studies.

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction testing of the left upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal finding that identifies specific nerve compromise on the neurologic examination is sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms based on radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are ulnar radiculopathy; and cervical radiculopathy. The physician's plan states a left upper extremity and MRI of the cervical spine are indicated. Subjectively, pursuant to a February 6, 2015 progress note, the injured worker complains of left arm numbness and tingling in the forearm and hand. There is shooting pain in the left elbow and arm. Objectively, there is cervical paraspinal tenderness and tenderness at the medial epicondyle and ulnar aspect of the left wrist. There is no neurologic evaluation in the medical record. There are no red flags documented in the medical record. There are no unequivocal findings that identify a specific nerve compromise on neurologic examination. Moreover, there is no neurologic physical examination documented in the February 6, 2015 medical record progress note. Consequently, absent clinical documentation showing unequivocal nerve compromise with evidence of a red flag, nerve conduction testing left upper extremity is not medically necessary.

