

Case Number:	CM15-0046411		
Date Assigned:	03/18/2015	Date of Injury:	02/24/2014
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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: Pennsylvania

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 44 year old male who sustained an industrial injury on 2/24/14 from a fall. He sustained fracture of the right forearm/radial head fracture, rib fracture, and right shoulder contusion. Diagnoses include right shoulder impingement, rotator cuff strain and bicipital tendinitis, medial and lateral epicondylitis on the right side, ulnar neuritis on the right, right carpal tunnel syndrome, rib fracture on the right with persistent pain and thoracic sprain/ strain. Treatments to date include chiropractic therapy, physical therapy, transcutaneous electrical nerve stimulator unit (TENS), hot and cold wraps, elbow brace, elbow pads, injections to the elbow, and medications. Diagnostics include x-ray of the thoracic spine, MRI of the right shoulder (11/5/14) MRI of the right elbow, and x-rays of the right shoulder, rib, and elbow. X-ray of the thoracic spine (10/29/14) showed no visible trauma and multilevel vertebral spurring. MRI of the right elbow (date not provided) per the 1/19/15 report from the primary treating physician showed osteophytic spurring at the medial articulation, deformity of the radial head with mild angulation, and chondromalacia of the radial head and capitulum surfaces as a result of previous radial fracture, mild tendinitis of the common flexor and extensor tendons with intact lateral ulnar collateral ligament and radial collateral ligament with mild subchondral sclerosis of the capitulum anteriorly corresponding with areas of grade 3 chondromalacia related to capitulum articulation. On 1/19/15, the injured worker reported pain in the shoulder and right elbow with shooting pain down the arm, limited range of motion, some triggering of the fingers and pain along the palm, and sleep difficulties due to pain. The physician documented that the injured worker last worked on 2/24/14. Examination showed tenderness along the rotator cuff, along the

medial greater than lateral epicondyle, and the wrist; no triggering was present. X-ray of the right elbow showed 1-2 mm articular surface left on the glenohumeral joint. In the progress note dated 1/19/15 the treating provider requested 12 more physical therapy sessions for the hand and arm, MRI of the thoracic spine, injection of elbow (lateral epicondyle) and wrist and x-ray of the right elbow (performed 1/19/15). On 2/26/15, Utilization Review (UR) non-certified requests for injection of the right wrist, injection for the right elbow, additional physical therapy for right shoulder, right arm and right hand 12 sessions, X-rays of the right elbow obtained on 1/19/15, and MRI of the thoracic spine with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection (Type not specified) for the right wrist: 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): p. 272, Acupuncture Treatment Guidelines.

Decision rationale: The ACOEM recommends injection of corticosteroids into the carpal tunnel in mild or moderate cases of carpal tunnel syndrome after trial of splinting and medication, and initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger. This injured worker had a diagnosis of right carpal tunnel syndrome. The documentation submitted did not include detailed information regarding evaluation and treatment for right carpal tunnel syndrome. No electrodiagnostic studies were submitted. There was no documentation of trial of splinting and medication specifically for carpal tunnel syndrome. The progress note of 1/19/15 (the date of the requested service) states that the injured worker would receive a carpal tunnel brace that day. Symptoms of triggering of the fingers were noted without physical findings of triggering. The area of injection to be performed was not specified. Due to lack of sufficiently specific prescription, which lacked the specific area in the wrist to be injected, and lack of documentation of trial and failure of conservative measures, the request for Injection (Type not specified) for the right wrist is not medically necessary.

MRI of the thoracic spine with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & thoracic (Acute& Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p. 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. This injured worker sustained a thoracic sprain/strain and rib fracture due to a fall. X-ray of the thoracic spine showed no visible trauma and vertebral spurring. No new events were noted. No red flag findings were documented. There was no documentation of tissue insult or neurologic dysfunction related to the thoracic spine or plan for an invasive procedure. Due to lack of indication per the criteria in the guidelines, the request for MRI of the thoracic spine is not medically necessary.

Injection(s) (Type(s) not specified) for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24.

Decision rationale: The injured worker had a diagnosis of right medial and lateral epicondylitis. The documentation submitted suggests that the treating physician intended injection of the lateral epicondyle of the right elbow per the progress notes; however the request for injection or injections was not specific to this area. The ACOEM states that in most cases, conservative measures such as NSAIDs, orthotics, and other non-interventional measure should be used for 4-6 weeks before considering injections. If non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended. Subsequent injections should be supported by either objective improvement or utilization of a different technique or location for the injection(s). The documentation indicates that the injured worker was treated with medications and elbow brace and pads, however the duration of use of the elbow brace and pads was not discussed, and the specific medications used to treat the elbow findings including the duration of use were not specified. As written, the request is for multiple injections; as noted per the guidelines, additional injections are contingent on objective improvement or utilization of a different technique or location. Due to lack of a sufficiently specific prescription for site and number of injections, and lack of sufficiently specific documentation of failure of non-invasive treatment strategy, the request for Injection(s) (Type(s) not specified) for the right elbow is not medically necessary.

Additional physical therapy for the right shoulder, right arm and right hand (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

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) chronic pain chapter: physical medicine treatment shoulder chapter: physical therapy carpal tunnel syndrome: physical therapy.

Decision rationale: The injured worker has diagnoses of right shoulder impingement, rotator cuff strain, and carpal tunnel syndrome. The documentation indicates that the injured worker has undergone prior physical therapy, but the number of sessions, dates, and outcomes of treatment were not documented. Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. No physical therapy notes were submitted, and there was no documentation of an assessment after a clinical trial of physical therapy. The MTUS states that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The ODG notes a maximum number of 10 sessions for rotator cuff syndrome/impingement syndrome, and 1-3 sessions for carpal tunnel syndrome. Per the MTUS, functional improvement is the goal rather than the elimination of pain. Progression to home exercise program is recommended. The treating physician has not stated a purpose for the current physical therapy prescription. The number of sessions requested exceeds the quantity recommended in the MTUS. The treating physician has not provided reasons why the injured worker requires a course of physical therapy, which is substantially longer than that recommended in the cited guidelines. Due to number of sessions requested in excess of the guidelines, and lack of documentation of functional improvement as a result of prior physical therapy, the request for Additional physical therapy for the right shoulder, right arm and right hand (12 sessions) is not medically necessary.

X-rays (A/P lateral) of the right elbow obtained on 01/19/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: The ACOEM states that criteria for ordering imaging studies of the elbow are: the imaging study results will substantially change the treatment plan, emergence of a red flag, and failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more, in cases when surgery is being considered for a specific anatomic defect and to further evaluate potentially serious pathology such as a possible tumor, when the clinical exam suggests the diagnosis. The injured worker had

diagnosis of radial head fracture, medial and lateral epicondylitis. He had previously undergone MRI of the right elbow with results as noted above. No new injury was noted. There was no documentation of any of the criteria as noted above. Due to lack of indication, the request for x-ray of the right elbow is not medically necessary.