

<b>Case Number:</b>	CM15-0055316		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Emergency 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 03/21/2014. The details of the initial injury were not submitted for this review. Diagnoses include contusion of distal forearm, right lateral epicondylitis, and tightness of cervical and trapezius muscles bilaterally. Treatments to date include activity modification, splinting, medication therapy, physical therapy and a cortisone injection, which was documented as not effective at relieving symptoms. Currently, they complained pain in the right neck that radiates to the right shoulder area, and pain in the right forearm with use. On 2/24/15, the physical examination documented tenderness and muscle atrophy in extensor tendons in the wrist, with tenderness and muscle spasm noted in the right neck and trapezius. The provider documented that the previous MRI of the right forearm did not include the area of injury approximately three to four inches above the wrist. The plan of care included MRI to the right forearm and EMG/NCS to right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with out contrast of the right forearm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, forearm wrist and hand section.

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

**Decision rationale:** The requested MRI without contrast of the right forearm, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM, Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, note Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed. The injured worker has pain in the right neck that radiates to the right shoulder area, and pain in the right forearm with use. The treating physician has documented tenderness and muscle atrophy in extensor tendons in the wrist, with tenderness and muscle spasm noted in the right neck and trapezius. The provider documented that the previous MRI of the right forearm did not include the area of injury approximately three to four inches above the wrist. The treating physician has not documented exam evidence of red flag conditions to the elbow nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI without contrast of the right forearm is not medically necessary.

**EMG/NCS for the right forearm:** 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 (ODG), Neck and Upper back section - criteria for Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

**Decision rationale:** The requested EMG/NCS for the right forearm, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electro diagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has pain in the right neck that radiates to the right shoulder area, and pain in the right forearm with use. The treating physician has documented tenderness and muscle atrophy in extensor tendons in the wrist, with tenderness and muscle spasm noted in the right neck and trapezius. The provider documented that the previous MRI of the right forearm did not include the area of injury

approximately three to four inches above the wrist. The treating physician has not documented exam evidence of red flag conditions to the elbow nor notation that the imaging study results will substantially change the treatment plan. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCS for the right forearm is not medically necessary.