

Case Number:	CM14-0137945		
Date Assigned:	09/19/2014	Date of Injury:	08/04/2009
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a male (age not disclosed) who sustained an industrial injury on 8/4/2009. Mechanism of injury is not provided. According to the 5/21/2014 PTP progress report, the patient presented for follow up of his right shoulder, bilateral knees, neck, back, and bilateral hands. He notes ongoing pain in all these areas. He will be undergoing right shoulder surgery. Physical examination indicates impingement, pain and weakness in the right shoulder. Examination of the neck, back, and hands is reported as otherwise unchanged, neurological exam is intact in upper and lower extremities, and bilateral hands reveal evidence of mild CTS. Diagnoses right shoulder impingement; right shoulder rotator cuff tear, AC joint degeneration, Biceps tendinitis; Chronic neck pain; Chronic back pain; and bilateral hand carpal tunnel syndrome. Treatment plan is planning right shoulder surgery in future. Refilled Motrin, Prilosec, and hydrocodone. Work status is he will continue full duty without restrictions.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI's

Decision rationale: According to the CA MTUS ACOEM guidelines, 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 correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. According to the Official Disability Guidelines Indications for imaging -- Magnetic resonance imaging (MRI):- Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic- Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic- Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic. The medical records do not document any current subjective complaints or correlative objective clinical findings of any right elbow complaint. There is no description of any findings nor documented relevant medical history that supports the medical necessity of an MRI of the right elbow. The request for MRI of the right elbow is not medically necessary.

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the ACOEM guidelines, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical records do not document any current subjective complaints or correlative objective clinical findings of any radicular or neurological complaint. According to the 5/21/2014 PR-2, neurological exam is intact in upper and lower extremities. There is no description of any findings nor documented relevant medical history that supports the medical necessity of an EMG study. The request for EMG is not medically necessary.

NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the ACOEM guidelines, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical records do not document any current subjective complaints or correlative objective clinical findings of any radicular or neurological complaint. According to the 5/21/2014 PR-2, neurological exam is intact in upper and lower extremities. There is no description of any findings nor documented relevant medical history that supports the medical necessity of an EMG study. The request for NCV is not medically necessary.

MRI of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute and Chronic)

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

Decision rationale: According to the CA MTUS ACOEM guidelines, 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 correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. According to the Official Disability Guidelines Indications for imaging -- Magnetic resonance imaging (MRI):- Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic- Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic- Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic. The medical records do not document any current subjective complaints or correlative objective clinical findings of any right elbow complaint. There is no description of any findings nor documented relevant medical history that supports the medical necessity of an MRI of the left elbow. The request for MRI of the left elbow is not medically necessary.