

<b>Case Number:</b>	CM14-0180541		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Internal 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:

Pursuant to the progress note dated October 14, 2014, the injured worker complains of pain from the shoulder to the hand. She has numbness in the 4th and 5th fingers. Pain is rates 5/10. She is on modified duty. Physical examination reveals thenar moderate tenderness. Range of motion was within normal limits. Tinel's sign ulnar nerve (wrist) was negative; Tinel's sign ulnar nerve at the right ulnar groove (elbow) was negative. Numbness 4th-5th fingers extended through hand to volar ulnar wrist. Joint mobility was normal and pain free. The injured worker was diagnosed with shoulder strain, elbow strain, tendonitis of the shoulder, wrist tendonitis, wrist strain, and hand strain. Current medications were not documented. Plan for physical medicine and rehab referral, MRI of the right shoulder and right elbow, EMG/NCV and wear sprint/brace on right upper extremity at all times. Physical therapy three times a week for two weeks has been scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI of the Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoudler-Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI evaluation of the right shoulder is not medically necessary. The guidelines provide the indications for magnetic resonance imaging and include acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plane radiographs; subacute shoulder pain suspect instability/labral tear. In this case, progress note from page 35 with a service date of September 30, 2014 indicates subjective complaints stating the pattern of symptoms are worsening; physical therapy was of no help. Physical examination right shoulder demonstrated no abnormalities on appearance decreased range of motion noted with overhead reach with pain to both passive and active range of motion; testing of the shoulder reveals no pathological results; normal sensory function; palpation of the shoulders positive for tenderness of the anterior area. The diagnoses listed in the assessment are right shoulder strain, right shoulder tenosynovitis. The treating physician did not discuss the rationale for the MRI other than listing the request for the MRI right shoulder. The indications require one to suspect rotator cuff tear/impingement and there was no documentation indicating those conditions in the medical record. Additionally, there was no documentation as to shoulder instability or a possible labral tear. Consequently, MRI of the right shoulder is not medically necessary.

**MRI of the Right Elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow-Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Chapter, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI evaluation of the right elbow is not medically necessary. The guidelines enumerate the indications for magnetic resonance imaging of the elbow. They include, but are not limited to, chronic elbow pain, suspect occult injury; suspect unstable osteochondral injury; suspect nerve entrapment; chronic epicondylitis; collateral ligament tear or biceps tendon tear. In this case the injured worker had continued complaints of right elbow pain. Physical examination indicated the patient was a moderate distress. Gross examination of the elbow demonstrated no abnormalities. Range of motion of the elbow is normal in all planes with associated pain, grip strength is decreased on the right; and there is pain palpation lateral side the fusillade and medial side diffusely. There is no discussion or documentation in the medical record that enumerates the indication for the MRI right elbow. The treating physician's assessment was strain right elbow. Diagnostic considerations are osteochondral injury, nerve entrapment in chronic epicondylitis. However, the treating physician failed to document these possibilities in the medical record. Consequently, MRI evaluation of the right elbow is not medically necessary.

**EMG/NCS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, wrist and hand section; EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV is not medically necessary. Electrodiagnostic studies (EMG/NCV) are recommended as an option after closed fracture of distal radius of owner if necessary to assess nerve injury. Electrodiagnostic testing includes no conduction velocity studies and possibly the addition of electromyography. In this case, the location/indication for electrodiagnostic studies was unclear. The injured worker's injuries were located in the right shoulder, right elbow, and right wrist. Electrodiagnostic studies for these areas are recommended as an option after closed fracture of distal radius if necessary to assess nerve injury. This injured worker did not sustain that type of injury. Consequently, nerve conduction velocity studies and electromyography is not medically necessary.

**Orthopedic referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visit

**Decision rationale:** Pursuant to the Official Disability Guidelines, orthopedic consultation/office visit is recommended as determined to be medically necessary. Evaluation and management visits to medical doctors play a critical role in the proper diagnosis and return the function of an injured worker and should be encouraged. The need is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the treating physician was addressing a right shoulder strain, right shoulder tenosynovitis, strains of the right elbow, right wrist sprain, right wrist tenosynovitis and right owner nerve. There is no rationale or indication for the orthopedic consultation, the injured worker is not unstable, and the anticipated maximal medical improvement is in 4 weeks. The treating physician does not document the purpose of the orthopedic consultation. The same progress note dated September 30, 2014 indicates maximum medical improvement estimated in four weeks. Consequently, based on the lack of documentation and the expected maximum medical improvement and four weeks, the orthopedic consultation is not medically necessary.