

<b>Case Number:</b>	CM14-0180595		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/10/2014
<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 Physical Medicine & Rehabilitation 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 injured worker is a 39-year-old woman with a date of injury of 3/1/12, noted to be from cumulative trauma disorder. Treatment diagnoses include the following: Cervical spine sprain, right shoulder impingement, right carpal metacarpal joint inflammation, and right cubital tunnel syndrome status post release surgery. Physical examination is notable for cervical paraspinal muscle spasms, normal neurologic examination of the upper extremities, positive shoulder impingement signs, negative for elbow instability and tenderness over the medial epicondyles with paresthesias. Cervical x-rays revealed multilevel degenerative changes; right shoulder x-ray revealed subacromial bone spur; and right elbow x-ray revealed metallic pin in the medial epicondyle. Requests are made for right elbow MRI, bilateral upper extremity EMG, right thumb brace, physical therapy for the cervical spine and right shoulder times 12 sessions and a home TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The injured worker presents with chronic neck pain from degenerative joint changes, right upper limb pain from right shoulder impingement syndrome, right cubital tunnel syndrome and right thumb joint inflammation. These diagnoses are all presumed to be secondary to cumulative trauma during the course of work. Home TENS unit is requested for the chronic pain in the right elbow. It was mentioned that a trial basis for 4 weeks in the past was helpful. Documentation does not provide details of how the unit was used in the past or other pain management treatment during that TENS unit trial which includes reviewed physical therapy notes from 3/17/14 to 4/16/14. The request for a TENS unit does not meet MTUS guidelines as cited and is therefore not medically necessary.

**Right elbow MRI 10/10/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

**Decision rationale:** The injured worker presents with chronic neck pain from degenerative joint changes, right upper limb pain from right shoulder impingement syndrome, right cubital tunnel syndrome and right thumb joint inflammation. These diagnoses are all presumed to be secondary to cumulative trauma during the course of work. Bilateral upper extremity EMG and right elbow MRI are requested to evaluate for internal derangement in the elbow. MTUS guidelines indicate that MRI for suspected ulnar collateral ligament tears is recommended. Available documentation indicates that the suspected injury is due to cumulative trauma. Documentation fails to provide support for suspected elbow instability to suggest a collateral ligament tear of the elbow. Request for MRI of the right elbow, does not meet MTUS guidelines and is therefore not medically necessary.

**Bilateral upper extremity EMG/NCV 10/10/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

**Decision rationale:** The injured worker presents with chronic neck pain from degenerative joint changes, right upper limb pain from right shoulder impingement syndrome, right cubital tunnel syndrome and right thumb joint inflammation. These diagnoses are all presumed to be secondary to cumulative trauma during the course of work. Bilateral upper extremity EMG and right elbow MRI are requested to evaluate for internal derangement in the elbow. The injured worker has a history of ulnar nerve entrapment of the right elbow. It is mentioned that electrodiagnostic studies were done in the past. MTUS guidelines indicate that nerve conduction studies are recommended for evaluation of ulnar nerve entrapments. The injured worker's symptomatology

is in the right upper limb. The request for bilateral upper extremity electrodiagnostic studies exceeds that which is necessary for diagnosis and management of right upper limb pathology. Request as written is therefore not medically necessary.

**Physical therapy two (2) times week for six (6) weeks for the cervical spine and roght shoulder 10/10/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The injured worker presents with chronic neck pain from degenerative joint changes, right upper limb pain from right shoulder impingement syndrome, right cubital tunnel syndrome and right thumb joint inflammation. These diagnoses are all presumed to be secondary to cumulative trauma during the course of work. 12 sessions of physical therapy is being requested for cervical spine and right shoulder complaints. The patient presents with chronic pain and myalgias of the cervical spine and right shoulder. MTUS guidelines indicate that 9 -10 visits of physical therapy over 8 weeks is recommended. Request for physical therapy 2 times a week x 6 weeks exceeds MTUS guidelines and is therefore not medically necessary.