MAXIMUS Federal Services

Case Number:	CM14-0183984		
Date Assigned:	11/12/2014	Date of Injury:	04/01/2014
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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:

This case is a 35 year old male with a date of injury on 4/1/2014. A review of the medical records indicates that the patient has been undergoing treatment for bilateral wrist sprain, bilateral elbow epicondylitis, and bilateral cubital tunnel syndrome. Subjective complaints (8/25/2014) include bilateral wrist pain with numbness/tingling/weakness, (9/30/2014) "no change to both wrists", therapy increase symptoms, 8/10 pain rating, and that medications were not working. Objective findings (8/25/2014) include positive tinels sign bilaterally, equal sensation to C5/6/7 dermatome bilaterally, no motor deficits, 4-5/5 grip strength bilaterally, (9/30/2014) normal EMG findings, "no change to physical exam". Treatment has included wrist brace, physical therapy, and does not indicate that the patient is actually on medications. A utilization review dated 10/7/2014 non-certified the following: MRI of the left elbow; Urine Drug screen; MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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 chapter and Forearm, Wrist, and Hand Chapter MRI's

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), MRI's

Decision rationale: ACOEM states, 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. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis; Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks; Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect; To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis; ACOEM further recommends MRI for suspected ulnar collateral ligament tears and recommends against MRI for suspected epicondylgia. ODG writes regarding elbow MRI, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. 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; - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records do not indicate any of the red

flags that are indicative for an emergency. No plain films were provided that indicated non-diagnostic findings of his chronic elbow pain. As mentioned in guidelines, lack of improvement by with conservative therapy in and of itself is not an indication for an MRI. As such, the request for MRI of the left elbow is not medically necessary.

Urine Drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT)

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: - "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter; - "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results; - "high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. Medical documents also do not indicate that the patient on or about to initiate any medications that require monitoring. The treating physician does not detail rationale for a drug test in this setting. As such, the current request for Urine Drug screen is not medically necessary.

MRI of the right wrist: 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), Forearm, Wrist, & Hand Chapter, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging

Decision rationale: ACOEM states, 'For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following:- In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if

obtained within 48 to 72 hours following the injury". ODG states for a wrist MRI "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The treating physician has provided no evidence of red flag diagnosis. Additionally, there are no indications for suspected soft tissue tumor, Kienbock's disease or other fractures. The above ODG and ACOEM criteria for an MRI Of the wrist have not been met. As such, the request for MRI of the right wrist is not medically necessary.