

<b>Case Number:</b>	CM15-0011016		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New York, Tennessee  
 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 61 year old female, who sustained an industrial injury on September 8, 2014. She has reported injury to the right wrist and arm. The diagnoses have included right shoulder impingement syndrome, right shoulder stiffness, probable right elbow partial distal biceps tendon tear, subjective complaints of right wrist pain and severe right carpal tunnel syndrome. Treatment to date has included diagnostic studies, physical therapy, cortisone injection and medications. Currently, the injured worker complains of nocturnal symptoms of right shoulder pain, right shoulder pain whenever she lifts her arm up, numbness around the right hand, pain along the right wrist and thumb and pain along the anterior aspect of her shoulder. On January 19, 2015, Utilization Review non-certified an MRI of the right elbow and MRI of the right wrist, noting the Official Disability Guidelines. Utilization Review modified the request for physical therapy x 8 sessions for the right shoulder to 4 sessions, noting the MTUS Guidelines. On January 20, 2015, the injured worker submitted an application for Independent Medical Review for review of physical therapy x 8 sessions for the right shoulder, MRI of the right elbow and 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 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, Forearm; MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow: MRIs

**Decision rationale:** Imaging study of the elbow are an appropriate consideration for patients whose limitations due to consistent symptoms have persisted for 1 month or more, and surgery is being considered or clinical examination suggests potentially serious pathology such as a tumor. Per ODG indications for elbow magnetic resonance imaging (MRI) are as follows:- 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- Elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic. In this case the study is to determine if the patient has partial rupture of biceps tendon. Surgical repair is not indicated for partial biceps tendon rupture. Documentation does not support that the surgery is being considered or that potentially serious pathology is suspected. There is no medical indication for MRI of the elbow. The request should not be authorized.

**Physical Therapy x8 sessions for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case prior treatment with six physical therapy visits had no functional benefit. The request for 8 additional treatments would bring the total number of visits to 14. This

surpasses the maximum number of 10 recommended for treatment. The request should not be authorized.

**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: Wrist and Hand; MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, wrist, & hand: MRIs (magnetic resonance imaging) Carpal tunnel syndrome: MRIs (magnetic resonance imaging)

**Decision rationale:** The indications for wrist MRI are as follows:- 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 Kienbock's diseaseIn this case the patient has known right carpal tunnel syndrome. MRI's are not recommended for carpal tunnel syndrome. The patient has none of the indications for MRI of the wrist. The request should not be authorized.