

Case Number:	CM15-0118641		
Date Assigned:	06/26/2015	Date of Injury:	02/09/2011
Decision Date:	08/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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/work injury on 2/9/11. She reported initial complaints of left hand pain, left shoulder pain, left hip pain, and right knee pain. The injured worker was diagnosed as having s/p left carpal tunnel release, left shoulder tendinitis, impingement and degenerative joint disease. Treatment to date has included medication and surgery (s/p right carpal tunnel release on 4/20/13), and diagnostics. Currently, the injured worker complains of left hand pain, numbness, tingling, and shoulder pain which was moderate as well as the left hip and the right knee. Per the primary physician's progress report (PR-2) on 3/30/15, examination revealed bilateral wrists, flexion at 45 degrees, extension at 45 degrees, radial deviation at 15 degrees, and ulnar deviation is 20 degrees. There is tenderness over the distal radioulnar joint, abnormal two point discrimination over median nerve distribution, greater than 8 mm, and abnormal grip strength of hands bilaterally. Current plan of care included diagnostic testing. The requested treatments include MRI Arthrogram of the left wrist, MRI Arthrogram of the left shoulder, EMG/NCV (electromyography/nerve conduction velocity testing) of the bilateral upper extremities, and Physical therapy treatment to the left shoulder and left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, & Hand (Acute & Chronic) chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents on 03/30/15 with unrated left hand pain with associated numbness and tingling, and unrated left shoulder pain, left hip pain, and right knee pain. The patient's date of injury is 02/09/11. Patient is status post right carpal tunnel release on 04/20/13, and left carpal tunnel release at a date unspecified. The request is for MRI ARTHROGRAM OF THE LEFT WRIST. The RFA is dated 04/30/15. Physical examination dated 03/30/15 reveals abnormal grip strength in the bilateral hands, tenderness to palpation over the distal radioulnar joint of an unspecified extremity, and abnormal two point discrimination over the median nerve distribution in an unspecified extremity. The patient is currently prescribed Neurontin. Diagnostic imaging was not included, though progress note dated 03/30/15 references undated cervical MRI as showing: "herniated cervical disc C3-C4 5mm and C4-C5 4mm with degenerative disc disease..." Patient is currently classified as permanent and stationary, current work status is not provided. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. 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. (Mays, 2008). Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In regard to the MRI with arthrogram of this patient's right wrist, the request is appropriate. There is no documentation that this patient has had an MRI or MRI with arthrogram of the wrist to date. The progress notes provided document persistent pain and loss of function in the left wrist, with associated neurological deficits and loss of grip strength. Given this patient's surgical history, the progressive loss of function and increased pain, the requesting provider is justified in seeking more accurate imaging of the wrist to clarify the underlying pathology. Therefore, the request IS medically necessary.

MRI Arthrogram of the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient presents on 03/30/15 with unrated left hand pain with associated numbness and tingling, and unrated left shoulder pain, left hip pain, and right knee pain. The patient's date of injury is 02/09/11. Patient is status post right carpal tunnel release on 04/20/13, and left carpal tunnel release at a date unspecified. The request is for MRI ARTHROGRAM OF THE LEFT SHOULDER. The RFA is dated 04/30/15. Physical examination dated 03/30/15 reveals abnormal grip strength in the bilateral hands, tenderness to palpation over the distal radioulnar joint of an unspecified extremity, and abnormal two point discrimination over the median nerve distribution in an unspecified extremity. The patient is currently prescribed Neurontin. Diagnostic imaging was not included, though progress note dated 03/30/15 references undated cervical MRI as showing: "herniated cervical disc C3-C4 5mm and C4-C5 4mm with degenerative disc disease..." Patient is currently classified as permanent and stationary, current work status is not provided. ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: "Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs... Subacute shoulder pain, suspect instability/labral tear... Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In regard to the request for what appears to be this patient's first MRI study of the left shoulder, the request is appropriate. The medical records provided do not include any indication that this patient has undergone a shoulder MRI to date. Progress note dated 03/30/15 includes documentation of neurological compromise in the left upper extremity, and indications of tendinitis and impingement in the left shoulder. This patient has been experiencing an increase in her shoulder pain which has been largely unresponsive to conservative measures. Given this patient's persistent symptoms and a lack of imaging to date, the requested study is appropriate and could help identify the underlying pathology. The request IS medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents on 03/30/15 with unrated left hand pain with associated numbness and tingling, and unrated left shoulder pain, left hip pain, and right knee pain. The patient's date of injury is 02/09/11. Patient is status post right carpal tunnel release on 04/20/13, and left carpal tunnel release at a date unspecified. The request is for EMG/NCV OF THE BILATERAL UPPER EXTREMITIES. The RFA is dated 04/30/15. Physical examination dated 03/30/15 reveals abnormal grip strength in the bilateral hands, tenderness to palpation over the distal radioulnar joint of an unspecified extremity, and abnormal two point discrimination over the median nerve distribution in an unspecified extremity. The patient is currently prescribed Neurontin. Diagnostic imaging was not included, though progress note dated 03/30/15 references undated cervical MRI as showing: "herniated cervical disc C3-C4 5mm and C4-C5 4mm with degenerative disc disease..." Patient is currently classified as permanent and stationary, current work status is not provided. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies - EDS - may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies - NCS-, or in more difficult cases, electromyography -EMG- may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regard to the EMG/NCV study to be performed on the bilateral upper extremities, the patient does not present with specific complaints on the right side. The documentation provided indicates that this patient complains specifically of left hand pain and associated numbness and tingling, for which an EMG/NCV study would be useful. Physical examination findings do not include documentation of significant neurological deficits on the right side, aside from reduced grip strength bilaterally. Were the request for an EMG/NCV study to be performed on the left, the recommendation would be for approval. However, without documentation of neurological compromise in the right upper extremity or complaints specific to that extremity, an EMG/NCV study of the bilateral upper extremities is excessive and cannot be substantiated. The request IS NOT medically necessary.

Physical therapy treatment to the left shoulder and left arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 03/30/15 with unrated left hand pain with associated numbness and tingling, and unrated left shoulder pain, left hip pain, and right knee pain. The patient's date of injury is 02/09/11. Patient is status post right carpal tunnel release on 04/20/13, and left carpal tunnel release at a date unspecified. The request is for PHYSICAL THERAPY TREATMENT TO THE LEFT SHOULDER AND LEFT ARM. The RFA is dated 04/30/15. Physical examination dated 03/30/15 reveals abnormal grip strength in the bilateral

hands, tenderness to palpation over the distal radioulnar joint of an unspecified extremity, and abnormal two point discrimination over the median nerve distribution in an unspecified extremity. The patient is currently prescribed Neurontin. Diagnostic imaging was not included, though progress note dated 03/30/15 references undated cervical MRI as showing: "herniated cervical disc C3-C4 5mm and C4-C5 4mm with degenerative disc disease..." Patient is currently classified as permanent and stationary, current work status is not provided. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for physical therapy directed at this patient's left shoulder and left arm complaints, the provider has not specified a number of sessions to be completed. There is no evidence in the documentation that this patient has undergone and PT directed at her left arm complaints. However, the RFA and associated progress note do not indicate the number of visits being requested, therefore compliance with MTUS guidelines cannot be established. Therefore, the request IS NOT medically necessary.