

<b>Case Number:</b>	CM15-0095866		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	03/12/2015
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: 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 51-year-old male, who sustained an industrial injury on 3/12/15. The injured worker has complaints of right shoulder pain, right elbow pain, bilateral hand and wrist pain with numbness and tingling in the hands, bilateral knee pain and instability, bilateral ankle pain and instability and mid and low back pain. The documentation noted that the ere is marked tenderness elicited to palpation overt the anterior aspect of the shoulder and range of motion was slightly decreased with a loss of 20 degrees of forward flexion and right elbow reveals tenderness about the lateral epicondylar area with swelling and tenderness about the dorsal aspects of both wrists. The diagnoses have included clinical evidence of a rotator cuff tear of the right shoulder; clinical evidence of lateral epicondylitis of the right elbow and clinical evidence of carpal tunnel syndrome of the bilateral wrists with early carpometacarpal joint osteoarthritis at the bases of both thumbs. Treatment to date has included X-rays of the right shoulder and humerus show spurring on the undersurface of the acromion, right elbow and forearm showed soft tissue swelling, left elbow showed soft tissue swelling, right hand and wrist showed moderate carpometacarpal joint osteoarthritis, lumbar spine and thoracic spine showed loss of lumbar lordosis, right knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, right foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter and left foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter. The request was for magnetic resonance

imaging (MRI) of the lumbar spine, bilateral knees and right shoulder and electromyography/ nerve conduction velocity of bilateral upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI Lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has right shoulder pain, right elbow pain, bilateral hand and wrist pain with numbness and tingling in the hands, bilateral knee pain and instability, bilateral ankle pain and instability and mid and low back pain. The documentation noted that there is marked tenderness elicited to palpation over the anterior aspect of the shoulder and range of motion was slightly decreased with a loss of 20 degrees of forward flexion and right elbow reveals tenderness about the lateral epicondylar area with swelling and tenderness about the dorsal aspects of both wrists. The diagnoses have included clinical evidence of a rotator cuff tear of the right shoulder; clinical evidence of lateral epicondylitis of the right elbow and clinical evidence of carpal tunnel syndrome of the bilateral wrists with early carpometacarpal joint osteoarthritis at the bases of both thumbs. Treatment to date has included X-rays of the right shoulder and humerus show spurring on the undersurface of the acromion, right elbow and forearm showed soft tissue swelling, left elbow showed soft tissue swelling, right hand and wrist showed moderate carpometacarpal joint osteoarthritis, lumbar spine and thoracic spine showed loss of lumbar lordosis, right knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, right foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter and left foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI Lumbar spine is not medically necessary.

**MRI Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341,343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343.

**Decision rationale:** The requested MRI Bilateral Knees is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has right shoulder pain, right elbow pain, bilateral hand and wrist pain with numbness and tingling in the hands, bilateral knee pain and instability, bilateral ankle pain and instability and mid and low back pain. the documentation noted that there is marked tenderness elicited to palpation over the anterior aspect of the shoulder and range of motion was slightly decreased with a loss of 20 degrees of forward flexion and right elbow reveals tenderness about the lateral epicondylar area with swelling and tenderness about the dorsal aspects of both wrists. The diagnoses have included clinical evidence of a rotator cuff tear of the right shoulder; clinical evidence of lateral epicondylitis of the right elbow and clinical evidence of carpal tunnel syndrome of the bilateral wrists with early carpometacarpal joint osteoarthritis at the bases of both thumbs. Treatment to date has included X-rays of the right shoulder and humerus show spurring on the undersurface of the acromion, right elbow and forearm showed soft tissue swelling, left elbow showed soft tissue swelling, right hand and wrist showed moderate carpometacarpal joint osteoarthritis, lumbar spine and thoracic spine showed loss of lumbar lordosis, right knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, right foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter and left foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter. The treating physician has not documented sufficient evidence of full conservative therapy trials. The criteria noted above not having been met, MRI Bilateral Knees is not medically necessary.

**MRI of Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The requested MRI of Right Shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has right shoulder pain, right elbow pain, bilateral hand and wrist pain with numbness and tingling in the hands, bilateral knee pain and instability, bilateral ankle pain and instability and mid and low back pain. The documentation noted that there is marked tenderness elicited to palpation over the anterior aspect of the shoulder and range of motion was slightly decreased with a loss of 20 degrees of forward flexion and right elbow reveals

tenderness about the lateral epicondylar area with swelling and tenderness about the dorsal aspects of both wrists. The diagnoses have included clinical evidence of a rotator cuff tear of the right shoulder; clinical evidence of lateral epicondylitis of the right elbow and clinical evidence of carpal tunnel syndrome of the bilateral wrists with early carpometacarpal joint osteoarthritis at the bases of both thumbs. Treatment to date has included X-rays of the right shoulder and humerus show spurring on the undersurface of the acromion, right elbow and forearm showed soft tissue swelling, left elbow showed soft tissue swelling, right hand and wrist showed moderate carpometacarpal joint osteoarthritis, lumbar spine and thoracic spine showed loss of lumbar lordosis, right knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, right foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter and left foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria not having been met, the request for MRI of Right Shoulder is not medically necessary.

**Electromyography/Nerve Conduction Velocity of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested Electromyography/Nerve Conduction Velocity of bilateral upper extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has right shoulder pain, right elbow pain, bilateral hand and wrist pain with numbness and tingling in the hands, bilateral knee pain and instability, bilateral ankle pain and instability and mid and low back pain. The documentation noted that there is marked tenderness elicited to palpation over the anterior aspect of the shoulder and range of motion was slightly decreased with a loss of 20 degrees of forward flexion and right elbow reveals tenderness about the lateral epicondylar area with swelling and tenderness about the dorsal aspects of both wrists. The diagnoses have included clinical evidence of a rotator cuff tear of the right shoulder; clinical evidence of lateral epicondylitis of the right elbow and clinical evidence of carpal tunnel syndrome of the bilateral wrists with early carpometacarpal joint osteoarthritis at the bases of both thumbs. Treatment to date has included X-rays of the right shoulder and humerus show spurring on the undersurface of the acromion, right elbow and forearm showed

soft tissue swelling, left elbow showed soft tissue swelling, right hand and wrist showed moderate carpometacarpal joint osteoarthritis, lumbar spine and thoracic spine showed loss of lumbar lordosis, right knee and tibia showed lateral tilt of the patella, left knee and tibia showed lateral tilt of the patella, right foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter and left foot and ankle showed lateral tilt with instability on stress testing of 3 millimeter bilaterally with a normal of 1 millimeter. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria not having been met, the request for Electromyography/Nerve Conduction Velocity of bilateral upper extremities is not medically necessary.