

<b>Case Number:</b>	CM14-0145856		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Orthopedic Surgery 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 claimant is a 47 year old female who sustained injuries to her upper extremities on 09/01/12 as a result of repetitive work. The clinical records provided for review included documentation that electrodiagnostic studies of the upper extremities performed on 01/22/14 were noted to be normal. The claimant underwent arthroscopic shoulder decompression on 04/25/14 followed by twenty-four sessions of postoperative physical therapy. The PR2 report dated 07/30/14 noted ongoing complaints of neck pain, described as stabbing and burning with radiating numbness and tingling to the left upper extremity and hand. The claimant also had left elbow pain, left thumb pain, and left shoulder burning also described as sharp pain with activities. Objective findings on examination showed tenderness on palpation over the trapezius, weakness with flexion, abduction, and external rotation of the shoulder, tenderness to palpation over the left medial epicondyle at the elbow and soft tissue swelling at the left wrist in a diffuse fashion. The neurologic examination was not documented in the report. The claimant was diagnosed with left shoulder pain, status post arthroscopic subacromial decompression, left medial epicondylitis, cervical strain, rule out cervical radiculopathy, and left wrist ligamentous injury with extensor tendinosis. Recommendations were for MRI scans to include the cervical spine, left shoulder, left elbow and left wrist and an ultrasound evaluation of the left shoulder, left elbow, left hand, as well as referral for 18 sessions of physical therapy for the neck, left shoulder and upper extremity. Medications were also renewed including Naprosyn and Prilosec. The treating physician also recommended electrodiagnostic studies of the upper extremities and bilateral wrist bracing. The medical records did not include any formal reports of prior imaging studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for an MRI of the cervical spine would not be indicated. The medical records document that the claimant has tenderness of his cervical spine but there is no indication of radicular findings on physical examination. The electrodiagnostic studies performed in January, 2014, did not demonstrate any evidence of radiculopathy. There is also no documentation that the claimant has had a change in his symptoms or physical examination to indicate a change in his clinical condition. Without evidence of physical examination findings of radiculopathy, the request for an MRI of the cervical spine cannot be recommended as medically necessary.

**MRI of the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**Decision rationale:** The California ACOEM Guidelines do not recommend the request for an MRI of the left shoulder. The claimant has undergone postoperative treatment following shoulder arthroscopy and decompression for which there is still evidence of residual weakness. This would be consistent with claimant's recent surgical process. There is no documentation of acute clinical findings on physical examination or indication that the claimant has reinjured his shoulder. Considering the time frame from the claimant's shoulder surgery and lack of acute examination findings, the request for a repeat MRI scan of the left shoulder would not be indicated. Therefore, this request is not medically necessary.

**MRI of the left elbow and left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-42; 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm/wrist/hand procedure: MRI's (magnetic resonance imaging); Elbow Chapter: MRI's (magnetic resonance imaging)

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an MRI scan of the left elbow and hand would not be indicated. While the documentation indicates that the claimant has subjective complaints of elbow and hand pain, the diagnosis of medial epicondylitis has been well-established based on physical examination findings. There is limited documentation of conservative treatment for the claimant's left hand or elbow. Without evidence of acute physical examination findings indicating need for imaging, the role of test in this case would not be supported. Therefore, this request is not medically necessary.

**Ultrasound of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, Table 9-6. Decision based on Non-MTUS Citation Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 5th edition, 2007 or current year, Shoulder (acute & chronic), Ultrasound-diagnostic

**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: Shoulder procedure: Ultrasound, diagnostic

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for an ultrasound assessment of the left shoulder would not be indicated. There is no documentation of acute clinical findings on physical examination or indication that the claimant has reinjured his shoulder. Considering the time frame from the claimant's shoulder surgery and lack of acute examination findings, the request for an ultrasound assessment of the left shoulder cannot be recommended as medically necessary.

**Ultrasound of the left elbow and left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 5th edition, 2007 or current year, Forearm, Wrist & Hand (acute & chronic), Ultrasound (diagnostic)

**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 and Hand Chapter; Ultrasound, diagnostic; Elbow Chapter: Ultrasound, diagnostic

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, diagnostic ultrasound assessment of the left elbow and hand also would not be indicated. There is no documentation of acute clinical findings that would support the need for further imaging of the hand or elbow. The

role of diagnostic ultrasound for the hand and elbow would not be supported as medically necessary based on the claimant's examination findings and documentation of recent treatment.

**Electromyography (EMG) of right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Based on California ACOEM Guidelines, the request for an EMG of the right upper extremity is not recommended as medically necessary. The medical records document that the claimant underwent electrodiagnostic studies in January, 2014 that were noted to be normal. Presently, claimant's physical examination fails to demonstrate any evidence of neurologic findings of the upper extremities. The acute role of a repeat electrodiagnostic study to the bilateral upper extremities in absence in change of the physical examination findings and in light of the negative studies from January 2014 would not be supported. Therefore, this request is not medically necessary.

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**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Based on California ACOEM Guidelines, the request for an EMG of the left upper extremity is not recommended as medically necessary. The medical records document that the claimant underwent electrodiagnostic studies in January, 2014 that were noted to be normal. Presently, claimant's physical examination fails to demonstrate any evidence of neurologic findings of the upper extremities. The acute role of a repeat electrodiagnostic study to the bilateral upper extremities in absence in change of the physical examination findings and in light of the negative studies from January 2014 would not be supported. Therefore, this request is not medically necessary.

**Nerve Conduction Studies (NCS) of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Based on California ACOEM Guidelines, the request for an NCS of the right upper extremity is not recommended as medically necessary. The medical records document that the claimant underwent electrodiagnostic studies in January, 2014 that were noted to be normal. Presently, claimant's physical examination fails to demonstrate any evidence of neurologic findings of the upper extremities. The acute role of a repeat electrodiagnostic study to the bilateral upper extremities in absence in change of the physical examination findings and in light of the negative studies from January 2014 would not be supported. Therefore, this request is not medically necessary.

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**Physical therapy to cervical spine, left shoulder & left hand (2-3x6 weeks) QTY: 18 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The MTUS California Chronic Pain Medical Treatment Guidelines would not support eighteen additional sessions of physical therapy to the cervical spine, left shoulder and hand. This individual is noted to have undergone a recent and aggressive course of physical therapy for the shoulder following surgery as well as for the neck and hand for greater than twelve sessions over the past several months. The request for eighteen additional sessions of physical therapy would exceed the Chronic Pain Guideline criteria for this claimant who should be well versed in aggressive home exercises at this time, and would not be supported. Therefore, this request is not medically necessary.

