

<b>Case Number:</b>	CM13-0022526		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

### 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 61-year-old gentleman who sustained injuries to multiple body parts on February 17, 2012. Clinical records for review include a recent progress assessment of September 25, 2013 with [REDACTED] where he was with subjective complaints of chronic muscular strains of the cervical and lumbar spine, right shoulder pain, right upper extremity cubital tunnel syndrome affecting his grip strength. It states recent treatment has included antiinflammatory agents, analgesics, elbow immobilization, physical therapy and previous right shoulder trigger point injections. Physical examination showed equal and symmetrical upper and lower extremity reflexes with a normal sensory examination to the upper and lower extremities, positive Neer and Hawkins testing to the right shoulder, positive tenderness over the supraspinatus and bicipital tendon groove, a lumbar examination with positive tenderness to palpation with restricted range of motion, 5/5 motor tone to the lower extremities with diminished sensation to the right L5 nerve root distribution. Cervical examination was with positive tenderness to palpation. Examination to the elbow and wrist was not performed. The claimant was given the following diagnoses: right carpal tunnel syndrome per electrodiagnostic studies, right C5 radiculopathy per nerve conduction studies, right L4 and L5 and left L5 radiculopathy by electrodiagnostic studies, painful right shoulder with rotator cuff tear, spondylolisthesis L5-S1 and lumbar disc herniation L4-5. Records indicate prior imaging include radiographs of the digits, wrist, shoulder, cervical spine and lumbar spine as well as prior MRI scan of the right shoulder dated May 2012 showing partial supraspinatus tendon tear and infraspinatus tendinosis, a right wrist MRI from May 2, 2004 that showed an increased signal at the transverse retinaculum near the median nerve, an MRI of the right elbow from May 9, 2012 that was unremarkable, an MRI of May 6, 2012 of the lumbar sp

### 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, 177-178.

**Decision rationale:** Based on California ACOEM Guidelines, a cervical MRI would not be indicated. The claimant underwent a cervical MRI in May 2012 and the available records fail to document a change in the clinical condition or a new injury or exacerbation and the examination findings were negative for evidence of a neurologic deficit. The absence of neurologic abnormalities on examination and with no apparent change in the clinical condition, a repeat cervical spine MRI would not be considered as medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** Based on California ACOEM Guidelines, MRI of the lumbar spine would also not be supported. The previous MRI scan of the lumbar spine demonstrates L4-5 and L5-S1 findings that are consistent with electrodiagnostic study findings available for review. The examination as documented within the records was negative for a neurologic deficit and or any indication of a clinical change in this individual's condition and as such there would not be a clinical indication for the requested lumbar MRI. The request for an MRI of the lumbar spine is not medically necessary and appropriate.

**MRI of the right 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): 196,208-209.

**Decision rationale:** Based on California ACOEM Guidelines, MRI of the shoulder would not be indicated. The MRI of the shoulder that was previously done was consistent with the current physical examination findings demonstrating tenderness and impingement. In the absence of a documented clinical change in the condition of the shoulder and or indication of potential for surgical intervention, a repeat MRI of the shoulder would not be considered as medically

necessary. The request for an MRI of the right shoulder is not medically necessary and appropriate.

**MRI of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Elbow Chapter, pages 42-43, which is part of the MTUS, and the Official Disability Guidelines, TWC, Elbow Chapter, MRI's, , which is not part of the MTUS. .

**Decision rationale:** California MTUS ACOEM Guidelines state, "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". When looking at Official Disability Guideline criteria, repeat MRI scans of the elbow are not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. The previous MRI of the elbow was unremarkable and there was not documentation of an elbow examination nor any indication of a new injury or a change in the clinical condition. Based on the available records there is no support for a repeat MRI of the elbow. The request for an MRI of the right elbow is not medically necessary and appropriate.

**MRI of the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** California MTUS ACOEM Guidelines state "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders". Official Disability Guidelines indicate that repeat MRI scans are not typically recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. In this case the claimant is with a prior MRI scan of the wrist that demonstrated no acute finding but was suggestive of carpal tunnel syndrome that has already been confirmed by electrodiagnostic testing. Records failed to document an examination of the wrist or a change in the clinical condition such that repeat imaging would be indicated. Based on the available information the MRI of the wrist is not medically indicated. The request for an MRI of the right wrist is not medically necessary and appropriate.

