

Case Number:	CM13-0024017		
Date Assigned:	06/06/2014	Date of Injury:	01/03/2013
Decision Date:	07/14/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 27-year-old female who was injured from cumulative injury leading up to 1/3/13. She was later diagnosed with cervical and thoracic spine strain/strain, bilateral shoulder impingement, bilateral median nerve and ulnar nerve entrapment (carpal tunnel), and internal derangement of both wrists. She was initially treated conservatively with medications, therapy for her upper back, and restricted duty. On 2/28/13, an MRI of the cervical spine without contrast was ordered due to her pain being pronounced in her cervical spine and upper shoulder, suspicious of a disc bulge, according to the notes provided. The MRI revealed 1-2 mm concentric disc bulges at C5-C6 and C6-C7 levels (minimal compression). She was continued with physical therapy, wrist braces, muscle relaxants, topical analgesics, recommended by pain management. She was seen by her primary treating physician (newly selected at the time) on 6/25/13, complaining of neck and upper back pain (3/10 pain rating), right and left shoulder pain (5/10 pain rating), with occasional weakness with both shoulders, and constant right and left wrists and hand pain (5-9/10 pain rating), radiating to elbows with occasional numbness, swelling, tingling, and weakness. A physical examination was unremarkable except for muscle guarding and spasm in cervical paraspinal and trapezius muscles, positive impingement tests for both left and right shoulders, tenderness in the right wrist flexion/extension crease and triangular fibrocartilage complex/ulnocarpal ligament/distal radioulnar joint with a positive Phalen's and compression test, with both wrists and slightly diminished sensation in both hands. MRIs of the neck, back, right and left shoulders, and right and left wrists were ordered with the intention to rule out cervical radiculopathy, rotator cuff tear, median and ulnar nerve entrapment neuropathy, and wrist intercarpal ligament tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist and Hand - MRIs (magnetic resonance imaging).

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

Decision rationale: The MTUS/ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as MRIs are not needed until after a four to six (4-6) week period of conservative care and observation. Special imaging studies may be considered in cases of suspected fracture, ligament rupture, recurrent ganglion, suspected infection or autoimmune disease. In the case of this worker, no documentation suggested these were present at the time of ordering the MRI, and no red flag symptoms or physical findings suggested an MRI would be warranted, or helpful in the treatment of her carpal tunnel of both wrists. Therefore, the MRI bilateral wrists is not medically necessary.

MRI OF THE 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 MTUS/ACOEM Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six (4-6) week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even in cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as an MRI be helpful or warranted. After the initial course of conservative treatment over the four to six (4-6) week period after the injury, an MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include: 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems); 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon; 3. failure to progress in a strengthening program intended to avoid surgery; and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, this criteria was not met, and no physical findings or symptoms showed evidence of any reason to order an MRI of her shoulders for the purpose of changing her treatment plan. Therefore, the MRI of the right shoulder is not medically necessary.

MRI OF THE LEFT 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 MTUS/ACOEM Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six (4-6) week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even in cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as an MRI be helpful or warranted. After the initial course of conservative treatment over the four to six (4-6) week period after the injury, an MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include: 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems); 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon; 3. failure to progress in a strengthening program intended to avoid surgery; and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, this criteria was not met, and no physical findings or symptoms showed evidence of any reason to order an MRI of her shoulders for the purpose of changing her treatment plan. Therefore, the MRI of the left shoulder is not medically necessary.

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): 177-179.

Decision rationale: The MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three to four (3-4) week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there were no symptoms or physical findings seen in the documentation provided to suggest the worker fulfilled any of the criteria above to warrant an MRI. Therefore, the MRI cervical spine is not medically necessary.