

<b>Case Number:</b>	CM13-0043630		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 46 year old man with a date of injury of 1/30/12. He is status post surgery to his left hand and thumb in 2012. He also underwent a cervical spine MRI in 8/12 and 2/13, shoulder MRI in 7/12 and left hand MRI in 6/12. He also had an unremarkable ultrasound of the shoulder in 2/13 and ultrasound of the left hand in 3/13 showing post surgical changes, buttoniere deformity and swelling and fibrosis of the index finger. He is also status post EMG/NCS in 2/13 showing moderate ulnar neuropathy and in 4/12 showing acute left brachial Final Determination Letter for IMR Case Number [REDACTED] 3 plexopathy to the medial trunk. He was seen by his primary treating physician on 9/23/13 with complaints of left thumb, hand, neck and shoulder pain. His physical exam was significant for limitation in range of motion of the cervical spine, tenderness to palpation of the paraspinal musculature bilaterally and negative Spurling and Adson's test bilaterally. His shoulders showed reduced range of motion on the left with no tenderness to palpation or with movement but with positive Neer's and Hawkin's tests on the left. His wrists had normal range of motion with tenderness along the tip of the left thumb. Provocative testing was negative. He had normal strength, reflexes and sensation to his upper extremities. His diagnoses were status post left thumb distal tuft fracture with post traumatic stiffness of left index finger and left small finger fixed PIP joint flexion contraction and DIP joint extension contracture, left shoulder impingement syndrome-rule out internal derangement, rule out cervical radiculopathy and rule out digital nerve injury to the left thumb. Several radiologic studies, EMG/NCS and occupational therapy were ordered and are at issue in this review.

### 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): 165-193.

**Decision rationale:** The request in this injured worker with chronic neck pain is for a MRI of the cervical spine which he has previously had. The records document a physical exam with pain but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.

**MRI OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the left shoulder. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. He is also status post prior MRI of his left shoulder. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an Final Determination Letter for IMR Case Number [REDACTED] 4 invasive procedure. In the absence of physical exam evidence of red flags and given his prior MRI, a MRI of the left shoulder is not medically indicated.

**MRI OF THE LEFT WRIST/HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 110.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the left wrist. The records show no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful

to diagnose carpal tunnel syndrome. He already an MRI in the past. The medical records do not justify the medical necessity for a left wrist MRI.

**X-RAY OF THE CERVICAL SPINE (3 VIEWS) PERFORMED ON 9/23/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The request in this injured worker with chronic neck pain is for x-rays of the cervical spine. The records document a physical exam with pain but no red flags or indications for immediate referral or imaging. He is status post prior MRI of the cervical spine. In the absence of physical exam evidence of red flags, x-rays of the cervical spine is not medically indicated.

**X-RAY OF THE LEFT SHOULDER PERFORMED ON 9/23/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic pain is for an x-ray of the left shoulder. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. He is also status post prior MRI of his left shoulder In the Final Determination Letter for IMR Case Number [REDACTED] 5 absence of physical exam evidence of red flags and given his prior MRI, x-rays of the left shoulder is not medically indicated.

**X-RAY SERIES OF THE LEFT AND RIGHT WRISTS (2 VIEWS EACH) PERFORMED ON 9/23/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** The request in this injured worker with chronic pain is for an x-ray of the left and right wrists. The records show no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. He already a left wrist MRI in the past. The medical records do not justify the medical necessity for x-rays of the left and right wrists.

**X-RAY SERIES OF THE LEFT AND RIGHT HANDS (2 VIEWS EACH) PERFORMED ON 9/23/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** The request in this injured worker with chronic pain is for an x-ray of the left and right hands. The records show no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. He already a left wrist MRI in the past. The medical records do not justify the medical necessity for x-rays of the left and right hands.

**EMG/NCS OF THE BILATERAL UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Final Determination Letter for IMR Case Number [REDACTED] 6 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). This injured worker has already had a cervical MRI to identify structural abnormalities. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities.

**OCCUPATIONAL THERAPY FOR THE LEFT HAND (18 SESSIONS): Upheld**

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

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

**Decision rationale:** The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical

Medicine. In this injured worker, the records do not support the medical necessity for 18 occupational therapy visits given the chronicity of his injury.