

<b>Case Number:</b>	CM13-0065047		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 66-year-old female who has submitted a claim for lupus, bilateral shoulder impingement, cervical sprain/strain, bilateral epicondylitis, right wrist inflammation, and lumbar sprain/strain associated with an industrial injury date of December 11, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of intermittent pain at the neck, graded 4/10 in severity, radiating to bilateral upper extremities, associated with cramping, tension, spasm, and tingling sensation. She also has complaints of bilateral shoulder pain, right worse than left, radiating to her fingertips with bilateral elbow pain. She reported dropping off objects unintentionally. There was intermittent and bilateral wrist pain with cramping, weakness and spasms. Intake of medications alleviated pain. Aggravating factors included reaching, and lifting heavy objects. Range of motion of the cervical spine, both shoulders, and both wrists was restricted. Motor strength of bilateral upper extremities was graded 4+ to 5-/5. Grip strength was 12 on the right, and two on the left. The patient is right-handed. Positive impingement was noted at the right shoulder. Inhibition test, Speed's test, and Hawkin's test were positive bilaterally. Tenderness was present at both wrists with positive piano key test. Mild tenderness was also noted at cervical paraspinal muscles, trapezius, and shoulder girdle bilaterally. Reflexes and sensory exam were normal. Phalen's and Reverse Phalen's tests were negative. Treatment to date has included right elbow surgery in 1997, casting of right hand, steroid injection for the right elbow and right shoulder, and medications such as Norco, Vicodin, tramadol, naproxen, Protonix, Flexeril, gabapentin, LidoPro lotion, and Terocin patch. No therapy was received for her neck and both shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF CERVICAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, table 8-8. Decision based on Non-MTUS Citation ODG, Neck Chapter, Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The ACOEM Practice Guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of persistent neck pain, graded 4/10 in severity, radiating to bilateral upper extremities, associated with cramping, tension, spasm, and tingling sensation. This was corroborated by physical examination findings of restricted range of motion, and weakness at bilateral upper extremities, right worse than left. An MRI is a reasonable option for further investigation concerning signs and symptoms of neurologic dysfunction. An MRI was accomplished on December 17, 2013 revealing stenosis from C3 to C7 with broad based disc protrusion, bilateral neural foraminal narrowing and impingement of the exiting nerve roots at C3 to C4, C5 to C6, and C6 to C7. Guideline criteria were met. Therefore, the request for an MRI of the cervical spine is medically necessary.

**MRI OF BILATERAL SHOULDERS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214, table 9-6..

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

**Decision rationale:** The ACOEM Practice Guidelines support the ordering of imaging studies for the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, patient complained of persistent bilateral shoulder pain, right worse than left, associated with weakness. This precluded her from doing gardening, sweeping, vacuuming, and cleaning the bathroom. This was corroborated by restricted range of motion, tenderness, weakness, positive impingement sign at the right; and positive Inhibition test, Speed's test, and Hawkin's test bilaterally. An MRI was accomplished on December 13, 2013 revealing partial thickness tear at the supraspinatus bilaterally, grade 2 acromioclavicular separation and superior labral tear from anterior to posterior (SLAP) type I of the glenoid labral at the left; and tenosynovitis of the long head of biceps at the right. Guideline criteria were met. Therefore, the request for an MRI of bilateral shoulders is medically necessary.

**MRI OF RIGHT WRIST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, table 11-7..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

**Decision rationale:** The ACOEM Practice Guidelines criteria for a wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. In this case, patient complained of persistent right wrist pain, graded 3/10 in severity, associated with cramping, weakness and spasms. This resulted to unintentionally dropping off objects. On physical examination, tenderness, restricted range of motion, and positive piano key test were noted. Working impression included nerve impingement. An MRI was accomplished on January 13, 2014, revealing morrow edema, partial-thickness tear of the triangular fibrocartilage, median nerve neuritis, to consider carpal tunnel syndrome, and first metacarpal osteoarthritis. Guideline criteria were met. Therefore, the request for MRI of the right wrist is medically necessary.

**EMG BUE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The ACOEM Practice Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of persistent neck pain, graded 4/10 in severity, radiating to bilateral upper extremities, associated with cramping, tension, spasm, and tingling sensation. This was corroborated by physical examination findings of restricted range of motion, and weakness at bilateral upper extremities, right worse than left. The patient had complaints of persistent bilateral wrist pain, associated with unintentionally dropping off objects. The piano key test was positive bilaterally. Manifestations are consistent with neurologic dysfunction. Guideline criteria were met. Therefore, the request is medically necessary.

**SOFT AND RIGID BRACES FOR THE BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Summary Table 2.

**Decision rationale:** The ACOEM Practice Guidelines recommends wrist splinting for acute, subacute, or chronic CTS and for moderate or severe acute or subacute wrist sprains. In this case, patient complained of persistent bilateral wrist pain associated with cramping, tension, spasm, and tingling sensation. An MRI of the right wrist revealed median nerve neuritis, which may be associated with carpal tunnel syndrome. Use of a wrist brace may be a reasonable option, however, there is no discussion concerning need to provide both soft and rigid braces in this case. The medical necessity has not been established due to lack of information. Therefore, the request is not medically necessary.

**C-COLLAR WITH GEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Section, Cervical Collars

**Decision rationale:** The California MTUS Guidelines do not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Neck and Upper Back Section was used instead. It states that cervical collars are not recommended for neck sprains. Rest and immobilization using collars are less effective. It may be appropriate where post-operative and fracture indications exist. In this case, there are no documented plans for cervical spine surgery to date. Guidelines do not recommend cervical collars for treatment of neck pain unless in post-operative state. There is no compelling rationale for recommending a cervical collar in this case. Therefore, the request is not medically necessary.

**CERVICAL PILLOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Cervical and Thoracic Spine Disorders, Clinical Measures - Pillow

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Section, Cervical Collars

**Decision rationale:** The California MTUS Guidelines do not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Neck and Upper Back Section was used instead. It states that a neck support pillow is recommended for use while sleeping, in conjunction with daily exercise. Studies concluded that health professionals trained to teach both exercises and the appropriate use of a neck support

pillow during sleep should instruct subjects with chronic neck pain. In this case, patient has persistent cervical pain and use of a pillow may be a reasonable option. However, medical records submitted and reviewed failed to provide evidence that patient is participating in physical therapy or in a home exercise program. Guideline criteria were not met. Therefore, the request is not medically necessary.

**HOT AND COLD WRAP FOR ELBOWS AND WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs

**Decision rationale:** The California MTUS Guidelines do not address hot/cold wraps specifically. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint are recommended; thereafter, applications of heat packs or cold packs. In this case, patient has persistent pain at bilateral elbow and wrist. However, there is no documentation concerning flare-ups of symptoms since the etiology is chronic in nature, based on the medical records submitted. There is no clear rationale for its use at this time. Therefore, the request is not medically necessary.