

<b>Case Number:</b>	CM13-0067257		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 52-year-old female who reported an injury on 10/29/2010 after she was removing trash and felt a sudden onset of bilateral hand and wrist pain. The patient's treatment history included right hand surgery in 02/2013 and left hand surgery in 10/2012, acupuncture, aquatic therapy, and medications. The patient's most recent clinical evaluation dated 11/27/2013 documented the patient had 8/10 right upper extremity pain radiating into the lateral aspect of the neck down to the 4th and 5th digits. Physical findings included limited range of motion of the right upper extremity with inability to do external rotation and tenderness to palpation along the deltoid musculature. It was noted the patient had decreased grip strength and sensation of the right hand as compared to the left hand. There was a positive Tinel's and positive Phalen's sign. The patient's diagnoses included pain of the right upper extremity, right shoulder pain, and carpal tunnel syndrome bilaterally status post surgery. The patient's treatment plan included continuation of conservative care, continuation of medications, trial of a TENS unit, a gastric evaluation, and authorization for an MRI to rule out thoracic outlet syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI OF THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Shoulder Disorders-Thoracic Outlet Syndrome (TOS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-79.

**Decision rationale:** The requested MRI of the thoracic spine from 12/11/2013 to 01/25/2014 is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends magnetic resonance imaging for patients who have evidence of radicular findings. The clinical documentation submitted for review does provide evidence the patient has numbness and tingling in the upper extremity 4th and 5th digits. However, the patient has a diagnosis of bilateral carpal tunnel syndrome. The clinical documentation submitted for review did not provide any evidence of electrodiagnostic studies to rule out carpal tunnel syndrome as the patient's main pain generator. Additionally, there were no cardiovascular studies to support the diagnosis of thoracic outlet syndrome. Therefore, a magnetic resonance imaging study would not be appropriate for this patient at this time. As such, the requested magnetic resonance imaging of the thoracic spine from 12/11/2013 to 01/25/2014 is not medically necessary or appropriate.