

<b>Case Number:</b>	CM14-0116856		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury to the right wrist/shoulder and cervical spine on 6/28/13 while employed by [REDACTED]. Request under consideration include MRI of the right shoulder and Hand specialist consultation for bilateral wrists. Diagnoses include Rotator cuff sprain. Report of 6/11/14 from the provider noted the patient without significant change in her symptom complaints with neck, right shoulder and upper extremity pain; elbows and wrists with numbness/tingling. Electrodiagnostic study of 6/6/14 showed mild to moderate carpal tunnel syndrome. Exam noted restricted range in the shoulder and neck; negative impingement sign; ulnar groove of elbows with tenderness and positive Tinel's as well as at wrist; and negative Finkelstein's. Conservative care has included physical therapy, acupuncture, medications, and modified activities/rest. The request for MRI of the right shoulder and Hand specialist consultation for bilateral wrists were non-certified on 6/23/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209.

**Decision rationale:** This patient sustained an injury to the right wrist/shoulder and cervical spine on 6/28/13 while employed by [REDACTED]. Request under consideration include MRI of the right shoulder and Hand specialist consultation for bilateral wrists. Diagnoses include Rotator cuff sprain. Report of 6/11/14 from the provider noted the patient without significant change in her symptom complaints with neck, right shoulder and upper extremity pain; elbows and wrists with numbness/tingling. Electrodiagnostic study of 6/6/14 showed mild to moderate carpal tunnel syndrome. Exam noted restricted range in the shoulder and neck; negative impingement sign; ulnar groove of elbows with tenderness and positive Tinel's as well as at wrist; and negative Finkelstein's. Conservative care has included physical therapy, acupuncture, medications, and modified activities/rest. The request for MRI of the right shoulder and Hand specialist consultation for bilateral wrists were non-certified on 6/23/14. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with negative impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right shoulder is not medically necessary and appropriate.

**Hand specialist consultation for 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.

**Decision rationale:** This patient sustained an injury to the right wrist/shoulder and cervical spine on 6/28/13 while employed by [REDACTED]. Request under consideration include MRI of the right shoulder and Hand specialist consultation for bilateral wrists. Diagnoses include Rotator cuff sprain. Report of 6/11/14 from the provider noted the patient without significant change in her symptom complaints with neck, right shoulder and upper extremity pain; elbows and wrists with numbness/tingling. Electrodiagnostic study of 6/6/14 showed mild to moderate carpal tunnel syndrome. Exam noted restricted range in the shoulder and neck; negative impingement sign; ulnar groove of elbows with tenderness and positive Tinel's as well as at wrist; and negative Finkelstein's. Conservative care has included physical

therapy, acupuncture, medications, and modified activities/rest. The request for MRI of the right shoulder and Hand specialist consultation for bilateral wrists were non-certified on 6/23/14. Submitted reports have not demonstrated any clear surgical lesion or indication for surgical consult when the patient has unremarkable clinical findings except for positive Tinel's without red-flag conditions. Examination has no specific neurological deficits to render surgical treatment nor is there any demonstrated failed conservative treatment trial with significant emergent surgical lesion for the mild to moderate CTS. The Hand specialist consultation for bilateral wrists is not medically necessary and appropriate.