

<b>Case Number:</b>	CM14-0121951		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 58-year-old female with a reported date of injury on 06/26/2013. The injury reportedly occurred when a client pushed her hard and she lost her balance and fell and hit a wall. Her diagnoses were noted to include closed humerus fracture on the right status post open reduction and internal fixation with adhesive capsulitis, discogenic cervical condition with facet inflammation and radicular component down the right upper extremity, impingement syndrome of the shoulder on the left with adhesive capsulitis, knee sprain with patellofemoral inflammation and knee joint inflammation, and depression. Her previous treatments were noted to include surgery, medications, and home exercise program. The progress note dated 07/25/2014 revealed complaints of right shoulder pain at 4/10 on a daily basis. The pain was in the right shoulder as well as the right deltoid area. The right deltoid area was sensitive to touch, and the chronic pain limited her movements that resulted in limiting her ability to do daily tasks. The physical examination revealed the right upper extremity abducted to 60 degrees. The Request for Authorization form was not submitted within the medical records. The request was for an MRI of the right knee, left shoulder, neck, a knee brace, a neck pillow, a neck traction kit, and a neck fluoroscopy; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The MRI of the right knee is not medically necessary. The clinical parameters for ordering right knee radiographs following trauma is joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk 4 steps or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. The guidelines also state most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began; therefore, has no temporal association with the current symptoms. Even so, remember that while experienced examiners can usually diagnose an anterior cruciate ligament tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by an experienced examiners, obtaining an MRI is valuable in such cases. Also note that MRIs are superior to arthrography for both diagnoses and safety reasons. The guidelines state MRIs can be used to identify and define meniscus tears, ligament strain, ligament tear, patellofemoral syndrome, tendonitis, and prepatellar bursitis. There is a lack of clinical findings regarding red flags or problems to warrant an MRI of the right knee. The injured worker did not list complaints of pain; therefore, due to the lack of documentation, an MRI of the right knee is not appropriate at this time. Therefore, the request is not medically necessary.

### **MRI of Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for an MRI of the left shoulder is not medically necessary. The injured worker complained of right shoulder pain. The CA MTUS/ACOEM guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided red flag conditions are ruled out. Routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether the radiograph showed calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. Suspected acute tears of

rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. The guidelines state MRI can be used to identify and define impingement syndrome, rotator cuff tear, recurrent dislocation, tumor, and infection. The injured worker indicated her right shoulder was in severe pain and the right upper extremity could abduct to 60 degrees. There is a lack of clinical findings to warrant an MRI to the right shoulder. The documentation submitted indicated there was impingement syndrome of the shoulder on the left with adhesive capsulitis. Therefore, due to the lack of clinical findings to the right shoulder an MRI is not appropriate at this time. Therefore, the request is not medically necessary.

#### **MRI of Neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an MRI of the neck is not medically necessary. The injured worker complained of right shoulder pain. The CA MTUS/ACOEM Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Clinical findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies when symptoms persist. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging study to find a potential cause such as an MRI for a neural deficit. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The guidelines state MRIs can be used to identify anatomic defects. There is a lack of clinical findings consistent with neurological deficits to warrant an MRI of the neck. Therefore, due to the lack of documentation an MRI of the neck is not appropriate at this time. As such, the request is not medically necessary.

#### **Knee Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 339-340.

**Decision rationale:** The request for a knee brace is not medically necessary. There is a lack of documentation regarding knee instability or complaints of the knee. The CA MTUS/ACOEM Guidelines state a brace can be worn for patellar instability, and anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under loads, such as climbing ladders or carrying boxes. For the average patient using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There is a lack of clinical findings in regards to instability to warrant a knee brace. Therefore, a knee brace is not appropriate at this time. Therefore, the request is not medically necessary.

**Neck Pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Cervical thoracic - 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, pillow.

**Decision rationale:** The request for a neck pillow is not medically necessary. The injured worker complained of right shoulder pain. The CA MTUS/ACOEM Guidelines recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. This randomized control trial concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercise and appropriate use of a neck pillow during sleep; either strategy alone did not give the desired clinical benefit. There is a lack of documentation regarding daily exercise to be used in conjunction with a neck support pillow. There is a lack of documentation regarding neck pain to warrant a neck support pillow. Therefore, due to the lack of documentation regarding neck pain and for the pillow to be used in adjunct with daily exercise, a neck support pillow is not appropriate at this time. Therefore, the request is not medically necessary.

**Neck Traction Kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**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, Traction.

**Decision rationale:** The request for a neck traction kit is not medically necessary. The injured worker complained of right shoulder pain. The Official Disability Guidelines recommend home cervical patient control traction for patients with radicular symptoms in conjunction with a home exercise program. Patients receiving intermittent traction perform significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation, and left rotation. Other studies have concluded there is no demonstrated objective progress towards functional restoration. This review found no evidence from randomized control trials with a low potential for bias that clearly supports or refutes the use of either continuous or intermittent traction for neck disorders. Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. There is a lack of documentation regarding the neck traction kit to be used in adjunct with home based exercise techniques. There is a lack of documentation regarding neck pain or a physical examination performed to the neck. Therefore, due to the lack of documentation regarding exercise techniques to be used in adjunct with the neck traction kit or cervical spine problems, a neck traction kit is not appropriate at this time. Therefore, the request is not medically necessary.

**Neck Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**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, fluoroscopy.

**Decision rationale:** The request for neck fluoroscopy is not medically necessary. The injured worker complained of right shoulder pain. The Official Disability Guidelines recommend fluoroscopy as it is important in guiding a needle into the epidural space, as controlled studies have found that medication is misplaced in 13 to 34 percent of epidural steroid injections that are done without fluoroscopy. There is a lack of documentation regarding an epidural steroid injection being requested to warrant fluoroscopy. Therefore, due to the lack of documentation regarding a pending epidural steroid injection with a need for fluoroscopy, fluoroscopy is not appropriate at this time. Therefore, the request is not medically necessary.