

<b>Case Number:</b>	CM14-0125235		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational Medicine, and is licensed to practice in Montana. 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 fruit and vegetable picker/sorter with a date of injury of 10/25/13. On that date he fell onto his right side injuring his right arm including the hand wrist and elbow. He would develop some cervical pain and left shoulder pain several days after the injury. Initial treatment in November 2013 consisted of x-rays of the right upper extremity, pain medications, and physical therapy. MRI of the right elbow was performed on 1/18/14 showing common extensor tendon no cysts with mild edema and an area of ossification neck to the medial epicondyles. The ulnar collateral ligament was intact. He did return to work after the injury but was laid off in November 2013. In April 2014 he started to work for a new employer. Current complaints include constant pain in both arms from the elbow to the hand worse on the right, left shoulder pain, right elbow pain and bilateral hand pain with numbness and tingling in the digits. His current diagnoses include cervical strain with possible radiculitis, left shoulder impingement syndrome, right lateral epicondylitis, bilateral carpal tunnel syndrome, possible ligament tear in the right wrist, and possible right ulnar neuropathy. He would have electrodiagnostic testing performed on 6/30/14 which did not demonstrate cervical radiculopathy. He does have bilateral carpal tunnel syndrome worse on the right. The treating physician has requested MRI of the bilateral hands, right wrist, left shoulder and right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of LT shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS notes that routine and specialized imaging studies for the shoulder are not recommended during the first month to 6 weeks of activity limitation, except when a red flag condition is noted on history or examination, raising suspicion of a serious shoulder condition or referred pain. 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. Criteria for ordering imaging include emergence of a red flag such as indications of intra-abdominal or cardiac problems presenting as shoulder problems, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure such as a full-thickness rotator cuff tear not responding to conservative treatment. The medical records in this case do not note that he had an ultrasound of the left shoulder showing before meals joint effusion and probable supraspinatus tear for the left shoulder. With ongoing pain he has not responded adequately to conservative treatment. MRI of the left shoulder would be indicated to clarify the anatomy with a full-thickness rotator cuff tear not responding to conservative treatment. At this time the request for MRI of the left shoulder is consistent with the MTUS guidelines and is considered to be medically necessary.

**MRI of the Bilateral hands:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Forearm, Wrist, and hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm wrist and hand, MRIs

**Decision rationale:** The MTUS states that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The ODG Guidelines recommend MRIs for the hands as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory

arthritis, high-resolution in-office MRI with an average followup of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) In this case the injured worker has chronic bilateral wrist pain with normal plain film studies. The treating physician has indicated possible TFCC tear. I might also be diagnostic for ligament tears, occult fractures on avascular necrosis and her abnormalities as noted in the MTUS. Given the lack of response to conservative therapy I am reversing the prior UR decision. The request for MRI of the bilateral hands is medically necessary.

**MRI right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, MRIs

**Decision rationale:** The MTUS notes that special diagnostic studies for wrist injuries would not be required until after 4-6 weeks of conservative treatment and observation. The ODG guidelines state that, while criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular necrosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case

the injured worker has not responded adequately to conservative treatment. I am reversing the prior utilization review decision. The request for MRI of the right wrist is medically necessary.

**MRI right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** The MTUS states that, for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: - Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. - Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. - Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: - When surgery is being considered for a specific anatomic defect. - To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. Criteria for ordering imaging studies are: - The imaging study results will substantially change the treatment plan. - Emergence of a red flag. - Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. In this case the medical records indicate that an MRI of the right elbow was performed on 1/18/14 showing common extensor tendinosis and an area of ossification next to the medial condyle. The ulnar collateral ligament was intact. The request for a repeat MRI of the right elbow is not medically necessary.