

<b>Case Number:</b>	CM14-0076399		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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:

According to the records made available for review, this is a 43-year-old female with a 5/18/13 date of injury. At the time (5/20/14) of request for authorization for sympathetic nerve block for right upper extremity and MRI (magnetic resonance imaging) right wrist, there is documentation of subjective (right arm pain, numbness in the chest and shoulder) and objective (positive impingement test, and drop arm test, tenderness at the lateral epicondyle, elbow popping, wrist tenderness at ulnar styloid, pain with supination, decreased sensation at hand in the ulnar distribution, chest, and shoulder) findings, current diagnoses (glenoid labral tear, right shoulder; neuropathy), and treatment to date (medications, activity modification, and shoulder steroid injections). Regarding the requested sympathetic nerve block for right upper extremity, there is no documentation of sympathetically mediated pain and that the block is to be as an adjunct to facilitate physical therapy. Regarding the requested MRI (magnetic resonance imaging) right wrist, there is no documentation of wrist problems or red flags after four-to-six week period of conservative care; Tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sympathetic nerve block for right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist and hand chapter Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines/forearm, wrist and hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of stellate ganglion blocks/sympathetic blocks. Within the medical information available for review, there is documentation of diagnoses of glenoid labral tear and right shoulder; neuropathy. However, there is no documentation of sympathetically mediated pain and that the block is to be as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for sympathetic nerve block for right upper extremity is not medically necessary.

**MRI (magnetic resonance imaging) right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist and hand chapter Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Forearm, wrist and hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/hand Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of Tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb), as criteria necessary to support the medical necessity of wrist/hand MRI. Within the medical information available for review, there is documentation of diagnoses of glenoid labral tear and right shoulder; neuropathy. However, there is no documentation of wrist problems or red flags after four-to-six week period of conservative care; Tumors, benign, malignant, metastatic; Infection or

Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb). Therefore, based on guidelines and a review of the evidence, the request for MRI (magnetic resonance imaging) right wrist is not medically necessary.