

<b>Case Number:</b>	CM14-0095349		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Nevada. 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 36-year-old female who has submitted a claim for cervical spine sprain/strain with radiculopathy, thoracic spine sprain/strain, lumbar spine sprain/strain with radiculopathy, bilateral shoulder joint impingement, rule out rotator cuff tear, and left wrist sprain/strain, rule out carpal tunnel syndrome associated with an industrial injury date of 1/12/2013. Medical records from 2014 were reviewed. The patient complained of moderate to severe neck pain radiating to the right upper extremity. The patient likewise complained of frequent low back pain radiating to the right lower extremity. The patient experienced soreness of the left wrist, stiffness of both shoulders, and headache. The physical examination of the cervical spine showed tenderness, restricted range of motion, and positive cervical compression/distraction test. Motor strength of both upper extremities was graded 4/5. An examination of the thoracic spine showed tenderness and hypertonic muscles. An examination of the lumbar spine showed tenderness and restricted range of motion. Straight leg raise test, Braggard's test and Kemp's test were positive. Both shoulder joints were positive for tenderness, restricted range of motion, Apley scratch test and apprehension test. A left wrist exam showed tenderness, decreased range of motion, decreased grip strength of +3/5, positive Tinel's test, and positive Phalen's test. The treatment to date has included physical therapy, chiropractic care, and medications. A utilization review from 6/17/2014 denied the request for MRI of bilateral shoulder because there was no documented physical examination with evidence of impingement or internal derangement; denied MRI of the left wrist because it was not recommended for carpal tunnel syndrome in the absence of ambiguous electrodiagnostic studies; denied electromyography (EMG)/ nerve conduction velocity (NCV) of the right upper and lower extremities because of nonspecific findings of radiculopathy; and modified the request for acupuncture x 8 visits into 4 visits to meet guideline criteria as initial trial.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Magnetic Resonance Imaging (MRI) of the right shoulder: Overturned**

**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): 208.

**Decision rationale:** Page 208 of California MTUS ACOEM supports ordering of imaging studies for: "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." In this case, patient presented with right shoulder pain, moderate to severe in intensity, associated with stiffness. The physical examination showed motor strength of 4/5, tenderness, a restricted range of motion, a positive Apley scratch test, and a positive apprehension test. The symptoms persisted despite chiropractic care and physical therapy. An MRI is a reasonable diagnostic procedure for further evaluation and management. The guideline criteria were met. Therefore, the request for MRI of the right shoulder is medically necessary.

### **Magnetic Resonance Imaging (MRI) of the left shoulder: Overturned**

**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): 208.

**Decision rationale:** Page 208 of California MTUS ACOEM supports ordering of imaging studies for: "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." In this case, patient presented with left shoulder pain, moderate to severe in intensity, associated with stiffness. The physical examination showed motor strength of 4/5, tenderness, a restricted range of motion, a positive Apley scratch test, and a positive apprehension test. The symptoms persisted despite chiropractic care and physical therapy. An MRI is a reasonable diagnostic procedure for further evaluation and management. The guideline criteria were met. Therefore, the request for MRI of the left shoulder is medically necessary.

### **Magnetic Resonance Imaging (MRI) of the left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Section, Magnetic Resonance Imaging.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines states that MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbock's disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; to diagnose suspected soft-tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. According to the ODG, an MRI 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. In this case, patient complained of frequent left wrist pain, moderate to severe in intensity, associated with soreness. A physical examination showed tenderness, decreased range of motion, weak grip strength of 3/5, positive Tinel's sign and a positive Phalen's test. Symptoms persisted despite physical therapy and chiropractic care. However, the current diagnostic impression of carpal tunnel syndrome is not included in the abovementioned conditions that significantly warrant MRI. There is no compelling rationale for MRI at this time. Therefore, the request for MRI of the left wrist is not medically necessary.

**Electromyography (EMG) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 182, 269, 303, Table 8-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** The California MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient presented with right shoulder pain, moderate to severe in intensity, associated with stiffness. The physical examination showed motor strength of 4/5, tenderness, a restricted range of motion, a positive Apley scratch test, and a positive apprehension test. The symptoms persisted despite chiropractic care and physical therapy. However, clinical manifestations are not consistent with focal neurologic dysfunction to warrant EMG. The guideline criteria were not met. Therefore, the request for EMG of the right upper extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 182, 269, 303, Table 8-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability

Guidelines, Neck and Upper Back, Nerve Conduction Studies and on the Non-MTUS Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The California MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, the ODG states that nerve conduction study (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient presented with right shoulder pain, moderate to severe in intensity, associated with stiffness. The physical examination showed motor strength of 4/5, tenderness, a restricted range of motion, a positive Apley scratch test, and a positive apprehension test. The symptoms persisted despite chiropractic care and physical therapy. However, clinical manifestations are not consistent with peripheral neuropathy to warrant NCV. The guideline criteria were not met. Therefore, the request for NCV of the right upper extremity is not medically necessary.

**Electromyography (EMG) of the right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 182, 269, 303, Table 8-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to page 303 of California MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to the right lower extremity. The physical examination showed a positive Kemp's test, a positive straight leg raise test, and weakness of right lower extremity muscles graded 4/5. Clinical manifestations indicate probable presence of radiculopathy; hence, EMG is a reasonable diagnostic option. Therefore, the request for electromyography (EMG) of the right lower extremity is medically necessary.

**Nerve Conduction Velocity (NCV) of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 182, 269, 303, Table 8-8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back

chapter, Nerve conduction studies (NCS) and on the Non-MTUS Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The California MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain radiating to the right lower extremity. The physical examination showed a positive Kemp's test, a positive straight leg raise test, and weakness of right lower extremity muscles graded 4/5. However, clinical manifestations are not consistent with peripheral neuropathy to warrant NCV. Therefore, the request for NCV of the right lower extremity is not medically necessary.

**Acupuncture visits QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient complained of pain at multiple body parts: neck, both shoulders, left wrist, low back, and right lower extremity. Symptoms persisted despite physical therapy, chiropractic care, and medications. Acupuncture is a reasonable treatment procedure at this time. However, there is no discussion as to why the requested 8 sessions exceeded guideline recommendation of initial 3 to 6 visits as trial basis. Moreover, the request failed to specify body part to be treated. Therefore, the request for acupuncture visits x 8 is not medically necessary.