

Case Number:	CM14-0006019		
Date Assigned:	04/04/2014	Date of Injury:	02/12/2012
Decision Date:	03/26/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 47 y/o female who has developed diffuse chronic pain subsequent to CT 2/12/12. She experiences cervical, bilateral shoulder, elbow, bilateral wrist, bilateral hand and low back pain. Her pain levels are reported to be an 8/10 VAS score. The upper extremity discomfort is accompanied by diffuse feelings of weakness and numbness that involves the distal extremities. Diminished sensation is reported to be found in the C6/7 distribution. Her shoulders are reported to have positive impingement findings, but full arc ROM, but no weakness or atrophy of the rotator cuff. The wrist and hand findings are reported to show prior surgical scars and continued irritability of the median nerve. No joint instability is noted. Current treatments include physical therapy and NSAID anti-inflammatories. Prior diagnostic testing included a cervical MRI in 2012 showed no stenotic lesions and only mild degenerative changes. Prior treatment has included a carpal and cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Table 9-2, page 203

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

Decision rationale: The MTUS Guidelines do not recommend MRI studies of the shoulders if there are signs of impingement other signs or symptoms of rotator cuff deficits. This patient has impingement signs on physical exam, but full ROM is noted without specific weakness of the rotator cuff or pain with resisted abduction. In addition, additional testing has been requested to rule out a neurologic cause of the widespread pain complaints. Under these circumstances the MRI studies are not consistent with Guideline recommendations and are not medically necessary.

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 11- Forearm, Wrist and Hand Complaints, page 258

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The MTUS Guidelines recommend imaging of the wrist of hand if the history and exam reveal a reasonable likelihood of a specific disorder. The physical exam documents normal ROM, a lack of localized tenderness and no instability is reported. In addition recent x-ray films are reported to be negative. Under these circumstances the request for MRI studies of the bilateral wrists is not medically necessary.

EMG of the bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 8 (Neck and Upper Back Complaints), page 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines supports the use of upper extremity electrodiagnostics if there are subtle neurological changes and the diagnosis is not clear. The complaints of numbness, weakness and the reported diminished sensation of C6 and 7 meets Guideline criteria for electrodiagnostic testing. The requested EMG of the bilateral upper extremities is medically necessary.

NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 8 (Neck and Upper Back Complaints), 178

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines supports the use of upper extremity electrodiagnostics if there are subtle neurological changes and the diagnosis is not clear. The complaints of numbness, weakness and the reported diminished sensation of C6 and 7 meets Guideline criteria for electrodiagnostic testing. The requested NCV of the bilateral upper extremities is medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Table 8-8, page 182

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, 178.

Decision rationale: The MTUS Guidelines do not recommend cervical MRI scans if electrodiagnostic testing is done and does not support a radiculopathic process. In addition, ODG Guidelines do not recommend repeat MRI scanning unless there is a distinct and new clinical presentation. Neither of these conditions are met. There are no new exam findings or changes in condition reported and electrodiagnostic studies are pending. The requested cervical MRI is not medically necessary.