

<b>Case Number:</b>	CM14-0123364		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Family 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:

This is a 47 year old female patient who sustained a work related injury on 4/4/14. The patient sustained the injury due to a trip and fall incident. The current diagnoses include cervical disc syndrome, cervical sprain/strain, lumbar sprain/strain, shoulder sprain/strain, rotator cuff syndrome, wrist sprain/strain, knee sprain/strain. Per the doctor's note dated 8/13/14, the patient has complaints of pain in the cervical, thoracic, shoulder, hip, buttock, sacroiliac, lumbar, knee and wrist at 7/10, instability of the left knee, numbness tingling right anterior wrist. The patient was experiencing relief with therapy. Physical examination revealed tenderness on palpation, limited range of motion of the knee, cervical, lumbar and shoulder and 4/5 strength. Per the notes dated 4/18/14, the right wrist/hand exam was normal. Per the notes dated 5/8/14, all special tests of the right shoulder were negative. The range of motion (ROM) of the cervical spine was normal. The Spurling's test was negative. The neurological exam of the lower extremities was within normal limits. The current medication lists include Relafen, Omeprazole, Tramadol and Prednisolone. The patient has had x-rays of the shoulder and cervical region and X-rays of the left knee and right wrist which were normal. The patient's surgical history includes left shoulder surgery in 1998. The patient has received an unspecified number of physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Wrist:** Upheld

**Claims Administrator 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

**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, & Hand (updated 11/13/14), MRI's (magnetic resonance imaging)

**Decision rationale:** Per cited ACOEM guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders." ACOEM guidelines don't address this issue completely hence Official Disability Guidelines are used. Per the Official Disability Guidelines, "Indications for imaging -- Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, Acute hand or wrist trauma, suspect acute scaphoid fracture, Chronic wrist pain, plain films normal, suspect soft tissue tumor." The records provided did not specify any of the indications listed above. There was no evidence of significant wrist trauma, or evidence of distal radial fracture. Per the notes dated 4/18/2014, the right wrist/hand exam was normal. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. A plan for an invasive procedure of the right wrist was not specified in the records provided. The medical necessity of the request for MRI of the right wrist is not fully established in this patient. Therefore, this request is not medically necessary.

**MRI of the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/31/14), Magnetic resonance imaging (MRI)

**Decision rationale:** According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems; Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Any of these indications that would require a shoulder MRI were not specified in the records provided. The patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Per the

notes dated 5/8/14, all special tests of the right shoulder were negative. The patient has received an unspecified number of physical therapy visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. A recent shoulder X-ray report is not specified in the records provided. The medical necessity of the request for MRI of the right shoulder is not fully established in this patient. Therefore, this request is not medically necessary.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/14), Magnetic resonance imaging (MRI)

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags."The patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. The patient has received an unspecified number of physical therapy visits for this injury. Previous physical therapy notes were not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the cervical spine is not fully established for this patient. Therefore, this request is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 11/21/14), MRIs (magnetic resonance imaging)

**Decision rationale:** Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)."The patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. The patient has received an unspecified number of physical therapy visits for this injury. The records submitted contain no accompanying current physical therapy evaluation for this patient. A detailed response to complete course of conservative therapy including physical therapy visits was not specified in the records provided. Previous physical therapy visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. In addition it is noted in the records that the patient's pain was relieved with conservative therapy. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not fully established for this patient. Therefore, this request is not medically necessary.