

Case Number:	CM14-0194784		
Date Assigned:	12/02/2014	Date of Injury:	05/17/2011
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with cumulative trauma at work between the dates of May 17, 2011 through May 17, 2012. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for MRI imaging of the cervical spine, right shoulder, and right wrist and denied electrodiagnostic testing of the bilateral upper extremities and approved a wrist brace. The claims administrator cited various MTUS and non-MTUS Guidelines at the bottom of this report but did not incorporate said guidelines into the reported rationale. The claims administrator's clinical summary was sparse; however, the claims administrator did state that the articles in question were sought via an RFA form dated October 15, 2014. On January 7, 2013, the applicant reported multifocal complaints of neck, right shoulder, and right wrist pain with associated numbness, tingling, and paresthesias. The applicant was currently working regular duty as of this point in time. MRI imaging of the cervical spine, MRI imaging of the shoulder, 24 sessions of physical therapy, and copy of the previously performed electrodiagnostic testing were sought. The applicant was given Relafen, omeprazole, Theramine, and a topical compounded medication. Shoulder MRI imaging was apparently on file and demonstrated rotator cuff tendinosis, it was stated. On April 3, 2014, the applicant was placed off of work, on total temporary disability. Earlier electrodiagnostic testing of the bilateral upper extremities of September 23, 2013 was negative, it was stated. The applicant reported persistent complaints of neck, low back, right shoulder, and right wrist pain, collectively rated at 6/10. Earlier shoulder MRI imaging of August 6, 2012 is notable for tendinitis of the supraspinatus and infraspinatus tendons with rotator cuff muscles within normal limits. Electrodiagnostic testing of bilateral upper extremities was sought on this occasion. The stated diagnoses were NSAID-related gastritis, right wrist sprain, lumbar spine strain versus

radiculitis, cervical spine strain versus radiculitis, and right shoulder strain. The applicant was placed off of work, on total temporary disability. Authorization was sought for MRI imaging of the cervical spine, MRI imaging of the lumbar spine, MRI imaging of shoulder, and MRI imaging of the hand and wrist. Naprosyn, tramadol, and Zantac were endorsed. Wrist brace was also dispensed. The attending provider stated that he was ordering MRI imaging of multiple body parts for evaluation purposes to determine the presence of disk, cartilaginous, or ligamentous pathology. The remainder of the file was surveyed. It did not appear that the October 15, 2014 RFA form and September 12, 2014 progress note made available to the claims administrator were incorporated into the Independent Medical Review Packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, the information on file, which admittedly did not include either the October 15, 2014 RFA form or the September 2, 2014 progress note on which article in question was sought, did seemingly suggest that MRI imaging of multiple body parts, including cervical spine, shoulder, wrist, etc., had been ordered at various points throughout 2014 for routine or evaluation purposes, with no clearly firm intention of acting on results of the same. The fact that MRI imaging of three different body parts was concurrently sought strongly implied that the applicant was not actively considering or contemplating surgical intervention involving each of the body parts at issue and thus, does not meet guidelines. Therefore, the request is not medically necessary.

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272.

Decision rationale: The attending provider wrote on several occasions, referenced above, including on April 3, 2014, that he intended to perform electrodiagnostic testing of the bilateral upper extremities to rule out the presence of carpal tunnel syndrome/mononeuropathy versus radiculitis. The attending provider also noted on that date, in the subjective complaints

component of the note, that the applicant symptoms were confined to the cervical spine, lumbar spine, right shoulder, and right wrist. There was no mention of any symptoms involving the left upper extremity on that date. There was no mention of cervical spine pain radiating into the bilateral upper extremities. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy, this recommendation, however, is qualified by commentary in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." Here, all evidence on file suggests that the applicant was in fact asymptomatic insofar as the left upper extremity was concerned. Since electrodiagnostic testing of the bilateral upper extremities were, by definition, involved in testing of the asymptomatic left upper extremity, the request, as written, cannot be supported. Therefore, the request is not medically necessary.

Open MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine MRI or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." In this case, an earlier progress note of April 3, 2014, referenced above, suggested that the attending provider was ordering MRI studies of the cervical spine, right shoulder, right hand, and left wrist for routine or evaluation purposes, with no clearly formed or clearly stated intention of acting on the results of the same. The applicant's presentation, the requesting provider acknowledged, was consistent with supraspinatus and/or infraspinatus tendinosis, conditions which are not necessarily amenable to surgical intervention. Furthermore, the fact that three different MRIs were concurrently sought implied that there was not a strong likelihood of the applicant acting on any one study and/or considering surgical intervention involving any of the body parts at issue, including the right shoulder. Therefore, the request is not medically necessary.

Open MRI Right Wrist: Upheld

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

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

Decision rationale: The attending provider stated that on April 3, 2014 that the applicant had a primary diagnosis of right wrist sprain/strains, rule out tendinitis. However, the MTUS Guideline

in ACOEM Chapter 11, Table 11-6, page 269 notes that MRI imaging is scored 0/4 in its ability to identify and define suspected ligament strains, tendon strains, and/or tendinitis, i.e., the issue seemingly present here. It was not clearly stated why wrist MRI imaging was sought given the unfavorable ACOEM rating on the same for the diagnoses suspected here. Therefore, the request is not medically necessary.