

<b>Case Number:</b>	CM14-0202954		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker (IW) is 54 years old female who reported injury on 04/06/211 due to, continuous work duties of cleaning hotel rooms, resulted in injury to the neck, bilateral shoulders, bilateral elbows, bilateral hands, back and bilateral knees and feet. The injured worker diagnoses consist of high cholesterol, displacement of cervical intervertebral disc without myelopathy, cervical and thoracic spine radiculopathy, cervical and thoracic spine multilevel degenerative disc disease, bilateral shoulder impingement, bilateral shoulder rotator cuff tears, tenosynovitis, AC joint osteoarthropathy, left elbow sprain/strain, right elbow common extensor tendon tear and lateral epicondylitis, bilateral wrist carpal tunnel syndrome, bilateral wrist subchondral cyst, bilateral knee sprain/strain and medical meniscal tears, right knee chondromalacia patella, right knee arthritis, anxiety disorder, mood disorder, sleep disorder, headaches and abdominal discomfort. Past medical treatments included treatment modalities, physical therapy, electrophysiology, chiropractic care, radiographic imaging, shockwave therapy, heat/cold packs, diagnostic studies and medications. Medications consist of Deprizine, Fanatrex, Tabradol, Synapryn, Terocin patches, Dicopanol and Tramadol. Diagnostic studies and radiographic imaging including MRI of the affected areas were performed in April, 2014 revealing the above noted diagnoses. On April 21, 2014, evaluation revealed burning radicular neck pain and ongoing muscle spasms. She described her pain as constant and moderate to severe aggravated by head motion and associated with tingling and numbness of the bilateral upper extremities. Burning pain was also noted in the shoulders, elbows, wrists, mid-upper back, knees and feet. She also complained of associated nervousness, headaches, sleep disturbances

and stomach problems. The treatment plan included shockwave therapy for the cervical spine, physiotherapy of the cervical spine and shoulders, chiropractic care for the cervical spine and shoulders, a pain management consultation for possible steroid injections of the cervical and thoracic spine, an orthopedic consultation for possible right and left shoulder repair and pain patches. Work status is temporarily totally disabled (TTD) from April 21, 2014 through May 19, 2014. On May 19, 2014, evaluation revealed persistent symptoms with temporary relief with medications. The treatment plan remained unchanged. On May 22, 2014 a letter of necessity was issued for the addition of Dicopanol as a sleep and pain relief aide. On June 16, 2014, evaluation revealed persistent symptoms as previously described with some relief with the use of pain medications and restricted activity. The treatment plan remained unchanged. Work status remained unchanged. On July 14, 2014, evaluation revealed no significant improvements. Adjustments were made to pain medications. The recommendation for periodic urinary drug screens was made. On August 11, 2014, evaluation revealed no significant improvement of symptoms. The treatment plan was unchanged. On September 10, 2014, evaluation revealed no changes. The recommendation was for the IW to undergo shock wave therapy for the cervical and thoracic spine and epidural injections of the back. It was noted in the submitted documentation that the injured worker had undergone MRI of the left wrist on 04/15/2014. The MRI revealed TFCC tear, cystic change in the ulnar styloid and tiny erosion, proximal ulnar articular aspect of the lunate. On 10/08/2014, the injured worker complained of wrist pain. Physical examination of the bilateral wrist revealed tenderness to palpation at the triangular fibrocartilage complex. Tinel's, Phalen's and flicker tests were positive bilaterally. The left wrist revealed a flexion of 40 degrees, extension of 40 degrees, radial deviation of 10 degrees and ulnar deviation of 30 degrees. The right wrist revealed a flexion of 40 degrees, extension of 30 degrees, radial deviation of 10 degrees and ulnar deviation of 25 degrees. Medical treatment plan is for the injured worker to undergo repeat MRI of the wrist bilaterally. The rationale and RFA were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the left 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

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

**Decision rationale:** The request for MRI of the left wrist is not medically necessary. The California MTUS/ACOEM Guidelines state that consideration for special studies include red flag conditions, ruling out of fracture or injury to the wrist. Additionally, the guidelines state that studies are not warranted until at least 4 to 6 weeks of conservative care and observation have passed. It was noted in the submitted documentation that the injured worker had undergone MRI of the left wrist on 04/15/2014. The MRI revealed TFCC tear, cystic change in the ulnar styloid and tiny erosion, proximal ulnar articular aspect of the lunate. Physical examination of

the bilateral wrist revealed tenderness to palpation at the triangular fibrocartilage complex. Tinel's, Phalen's and flicker tests were positive bilaterally. The left wrist revealed a flexion of 40 degrees, extension of 40 degrees, radial deviation of 10 degrees and ulnar deviation of 30 degrees. The right wrist revealed a flexion of 40 degrees, extension of 30 degrees, radial deviation of 10 degrees and ulnar deviation of 25 degrees. The submitted documentation did not provide any red flag conditions that were needed to be ruled out. It is unclear how the provider feels additional MRI of the wrist would be beneficial to the injured worker's care. Given the above, medical necessity has not been established. As such, the request is not medically necessary.

**MRI of the 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

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

**Decision rationale:** The request for MRI of the right wrist is not medically necessary. The California MTUS/ACOEM Guidelines state that consideration for special studies include red flag conditions, ruling out of fracture or injury to the wrist. Additionally, the guidelines state that studies are not warranted until at least 4 to 6 weeks of conservative care and observation have passed. It was noted in the submitted documentation that the injured worker had undergone MRI of the right wrist on 04/15/2014. The MRI revealed TFCC tear, cystic change in the ulnar styloid and tiny erosion, proximal ulnar articular aspect of the lunate. Physical examination of the bilateral wrist revealed tenderness to palpation at the triangular fibrocartilage complex. Tinel's, Phalen's and flicker tests were positive bilaterally. The left wrist revealed a flexion of 40 degrees, extension of 40 degrees, radial deviation of 10 degrees and ulnar deviation of 30 degrees. The right wrist revealed a flexion of 40 degrees, extension of 30 degrees, radial deviation of 10 degrees and ulnar deviation of 25 degrees. The submitted documentation did not provide any red flag conditions that were needed to be ruled out. It is unclear how the provider feels additional MRI of the wrist would be beneficial to the injured worker's care. Given the above, medical necessity has not been established. As such, the request is not medically necessary.