

Case Number:	CM15-0001598		
Date Assigned:	01/12/2015	Date of Injury:	08/27/2009
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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 patient is a 65 year old female with an injury date of 08/27/09. As per progress report dated 10/01/14, the patient complains of moderate to severe pain in the neck that radiates to her shoulders, arms and hands, equal in severity bilaterally. She also suffers from frequent headaches associated with the cervical pain. The patient has moderate to severe pain in the lower back as well that radiates to the left leg and also causes numbness and tingling. The patient can manage most of her personal care but has difficulty climbing stairs and with prolonged sitting, standing and walking. She also complains of anxiety and depression, secondary to the injury. The patient is status post two left shoulder arthroscopic surgeries in 2009 or 2010, and right shoulder arthroscopic surgery in 2011 or 2012. Physical examination reveals tenderness at the base of both thumbs and distal interphalangeal joints of both hands along with positive Durlcan's median compression test. The patient is temporarily totally disabled, as per the same progress report. X-ray of Right Wrist and Hand, 10/01/14: Evidence of first CMC joint degenerative arthritis, Arthritis of distal interphalangeal joints of all the digits. X-ray of Left Wrist and Hand, 10/01/14: - Evidence of first CMC joint degenerative arthritis- Arthritis of distal interphalangeal joints of all the digits. Diagnoses, 10/01/14:- Status post bilateral shoulder arthroscopies with subacromial decompression and distal clavical resections, with residual bilateral shoulder arthralgia, Cervical spine strain with degenerative disc disease, Lumbar spine strain with degenerative disc disease, Bilateral 1st CMC joint arthritis, Bilateral index, middle, ring and small finger distal interphalangeal joint degenerative arthritis, Rule out bilateral median and ulnar nerve entrapment

Neuropathy. The utilization review determination being challenged is dated 12/18/14. Treatment reports were provided from 08/13/14 - 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Shoulder chapter, MRI

Decision rationale: The patient presents with pain in the cervical spine that radiates equally to bilateral upper extremities along with headaches and lumbar spine pain that cause pain, numbness and tingling in the left leg, as per progress report dated 10/01/14. The request is for MRI BILATERAL SHOULDERS. The patient is status post two left shoulder arthroscopic surgeries in 2009 or 2010, and right shoulder arthroscopic surgery in 2011 or 2012. The report also states that the patient has undergone subacromial decompression and distal clavical resection with residual bilateral shoulder arthralgia. Physical examination of the shoulders revealed mildly reduced flexion at 150 degrees. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, the patient has undergone right and left shoulder surgeries in the past. Currently, the patient complains of moderate to severe pain in the bilateral shoulders along with popping, clicking and grinding sensation, as per progress report dated 10/01/14. The pain level varies through the day but increases with physical activity. In the same report, the treater states that the patient has had MRIs of shoulder in 2009 and 2010. These were not available for review. X-ray of the bilateral shoulders taken on 10/01/14 only revealed distal clavical resection consistent with prior surgery. Physical examination did not reveal any tenderness or abnormal results apart from mildly reduced bilateral shoulder flexion. The treater is now requesting the MRI for "diagnostic accuracy." However, there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.

MRI of the bilateral wrist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging)

Decision rationale: The patient presents with pain in the cervical spine that radiates equally to bilateral upper extremities along with headaches and lumbar spine pain that cause pain, numbness and tingling in the left leg, as per progress report dated 10/01/14. The request is for MRI OF THE BILATERAL WRIST. The patient complains of moderate to severe pain in her wrists, left greater than right. The pain radiates to her hands along with numbness and tingling. The pain is aggravated by repetitive movement. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) Magnetic resonance imaging 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. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. - Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's Disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has been diagnosed with bilateral first CMC joint arthritis. EMG/NCV study of the upper extremities dated 10/15/14 revealed mild right median motor and sensory neuropathy at the wrist. X-rays obtained at the doctor's office on 10/01/14 revealed first CMC joint degenerative arthritis as well. Physical examination revealed positive Phalen's test on the right and positive Durlcan's compression test bilaterally. The available progress reports do not document a prior MRI of the bilateral wrists. The treater is now requesting the MRI for "diagnostic accuracy." ODG guidelines also allow for MRIs in patients with chronic wrist pain "because it enables clinicians to perform a global examination of the osseous and soft tissue structures." Hence, this request IS medically necessary.

MRI of both hands: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging)

Decision rationale: The patient presents with pain in the cervical spine that radiates equally to bilateral upper extremities along with headaches and lumbar spine pain that cause pain, numbness and tingling in the left leg, as per progress report dated 10/01/14. The request is for MRI OF BOTH HANDS. The patient complains of moderate to severe pain in her wrists, left greater than right. The pain radiates to her hands along with numbness and tingling. She is experiencing cramping and weakness in both hands and has been dropping several objects, as per

the same report. The pain is aggravated by repetitive movement. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging), state that "Magnetic resonance imaging 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." The criteria, according to the guidelines include (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's Disease (6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has been diagnosed with bilateral index, middle, ring and small finger distal interphalangeal joint degenerative arthritis. X-ray of the bilateral hands, obtained at the doctor's office on 10/01/14, are consistent with this diagnoses. Physical examination reveals tenderness at the base of both thumbs and the distal interphalangeal joints of both hands, as per the same report. A review of the available reports does not indicate prior MRI. The treater is now requesting the MRI for "diagnostic accuracy." ODG guidelines also allow for an MRI "because it enables clinicians to perform a global examination of the osseous and soft tissue structures." Hence, this request IS 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): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with pain in the cervical spine that radiates equally to bilateral upper extremities along with headaches and lumbar spine pain that cause pain, numbness and tingling in the left leg, as per progress report dated 10/01/14. The request is for MRI OF THE CERVIAL SPINE. The patient complains of moderate to severe pain and stiffness in the neck that radiates to bilateral upper extremities. The patient also has headaches which are related to the neck pain. ACOEM Guidelines, chapter 8, page 177 and 178, state "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." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6)

Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. The patient has been diagnosed with cervical sprain strain with degenerative disc disease. X-ray of the cervical spine, obtained at the doctor's office on 10/01/14, is unremarkable. Physical examination, as per the same report, does not indicate any abnormalities as well. The report also indicates that the patient has had an MRI of the neck in 2009 and 2010. The treater is now requesting the MRI for "diagnostic accuracy." However, there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.

MRI of thoracic/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient presents with pain in the cervical spine that radiates equally to bilateral upper extremities along with headaches and lumbar spine pain that cause pain, numbness and tingling in the left leg, as per progress report dated 10/01/14. The request is for MRI OF THE THORACIC/LUMBAR SPINE. The patient states that the pain in the lumbar spine is aggravated with coughing and sneezing and it interferes with her ADLs. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the progress reports do not elaborate on the patient's lower back problem. Physical examination, as per progress report dated 10/01/14, does not reveal any abnormality. X-ray of the lumbar spine, obtained on the same date, is unremarkable. The report also states that the patient has had MRIs of the lower back in 2009 and 2010. The treater is now requesting the MRI for "diagnostic accuracy." However, there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.