

<b>Case Number:</b>	CM15-0004344		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New York

Certification(s)/Specialty: Neurological Surgery

### 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 47 year old female reported a work related injury on February 19, 2014, due to continuous trauma from typing, data entry, writing while working as a medical biller. She complained of pain, stiffness and soreness in her right wrist, bilateral shoulders and she had shoulder pain radiating down the right arm with numbness of the right hand. Treatment included physical therapy, electromyogram studies, pain medication, steroid injections, trigger point injections, biofeedback sessions, acupuncture and chiropractic sessions. Diagnoses included neck and shoulder sprains, hand and wrist strain and chronic low back pain. Currently, she complains of persistent symptoms of pains in her shoulder and hands after 9 months of conservative measures. On December 13, 2014, Utilization Review non-certified a request for 1 Magnetic Resonance Imaging (MRI) of the right shoulder between December 3, 2014 and January 23, 2015; non-certified a request for 1 Magnetic Resonance Imaging (MRI) of the cervical spine between December 3, 2014 and January 23, 2015; non-certified a request for 1 Magnetic Resonance Imaging (MRI) of the lumbar spine between December 3, 2014 and January 23, 2015; and non-certified a request for 1 orthopedic consultation for both hands and for carpal tunnel surgery between December 3, 2014 and January 23, 2015, noting the ACOEM Guidelines and Official disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultation & carpal tunnel surgery for both hands: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Release Chapter.

**Decision rationale:** The ODG Guidelines indicate surgery for severe carpal tunnel compression which this worker does not have according to documentation. Surgery can be recommended for intermediate compression if criteria are fulfilled, which they are not. For example documentation does not contain an abnormal Katz hand diagram score, positive hand flick sign, positive Phalen's test or Semmes Weinbach monofilament test. The Nerve conduction evaluation does not show significant motor slowing in the median nerve. Since there are not objective findings for a carpal tunnel release an orthopedic consultation is not medically necessary or appropriate.

**Associated surgical service: MRI of right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter-Magnetic Resonance Imaging(MRI).

**Decision rationale:** The ODG guidelines recommend MRI scans for acute shoulder trauma, where a rotator cuff tear or impingement is suspected and if plain radiographs are normal, or in patients with subacute shoulder pain where instability or a labral tear is suspected. Documentation does not provide this evidence. Routine MRI is not recommended and the guidelines note they should be reserved for a significant change in symptoms or findings suggestive of significant pathology. Documentation contended an MRI was needed for the diagnosis of a rotator cuff tear but it did not provide evidence that a Jobe's or shoulder apprehension test had been positive. Thus the associated surgical service of an MRI of the right shoulder is not medically necessary or appropriate.

**Associated surgical service: MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS 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 (ODG) Neck Chapter, Magnetic resonance imaging.

**Decision rationale:** California MTUS guidelines do not recommend a MRI scan in the management of a cervical sprain or strain or in a patient with regional neck pain. This patient's diagnosis had been cervical strain. The worker's PR2 of 12/8/14 where she displayed positive Wadell's signs provides insight into the nature of some of the worker's complaints. The ODG guidelines recommend MRIs in those workers with myelopathy which this patient does not have or in patients who have had chronic pain with neurologic signs or symptoms which she has not had. They specifically note the scans should be for those patients who have clear cut neurologic findings. Thus the requested treatment of the associated surgical service: MRI of the cervical spine is not appropriate or medically necessary.

**Associated surgical service: MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter.

**Decision rationale:** The ODG guidelines recommend MRI scans if a patient has had prior back surgery, trauma, evidence of a cauda equina syndrome, myelopathy, radiculopathy or the presence of red flags none of which the worker has had. The guidelines note that the MRI scan has no discriminatory power and irrelevant findings have the potential to frighten the worker. They further note that more than half of the MRI requests for the lumbar spine were ordered for indications considered inappropriate or of uncertain value. The clinical course of this worker does not provide evidence a MRI scan of the lumbar spine is medically necessary or appropriate.