

Case Number:	CM15-0014855		
Date Assigned:	02/02/2015	Date of Injury:	12/14/2012
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 59 year old female, who sustained an industrial injury on 12/14/2012. She is status post left shoulder rotator cuff repair (2008) and right shoulder arthroscopic rotator cuff repair and corrections (5/07/2013). The diagnoses have included cervicgia and rotator cuff sprain/strain. Treatment to date has included home exercise, medications, diagnostic testing, splinting and restrictions. Electrodiagnostic testing (1/05/2015) showed median neuropathy at the right wrist consistent with mild carpal tunnel syndrome. Currently, the IW complains of no change in shoulder pain since her prior visit. Objective findings included decreased sensation over the index, middle and ring fingers. Right hand/wrist has full range of motion and equal grip strength bilaterally. Phalen's test and Tinel's' test are negative. There is no documentation of cervical spine examination. On 1/19/2015, Utilization Review non-certified a request for x- rays (c-spine series with flexion and extension), magnetic resonance imaging (MRI) of the c-spine and refer for evaluation and treatment right wrist/CTS noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines and ODG were cited. On 1/26/2015, the injured worker submitted an application for IMR for review of X-rays (c-spine series with flexion and extension), magnetic resonance imaging (MRI) of the c-spine and refer for evaluation and treatment right wrist/CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xrays C-Spine series with flexion & extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Cervical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the ACOEM guidelines regarding cervical radiographs; "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended "in the absence of red flags." ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) None of which are noted in the available record concerning this patient. As such, Xrays C-Spine series with flexion & extension are not medically necessary.

MRI C-Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Cervical, Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal;" Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit. The treating physician has

not provided evidence of red flags to meet the criteria above. As, such the request for MRI of the cervical spine, is not medically necessary.

Referral for Evaluation & treat right wrist/ CTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270, 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a hand specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." Physical exam findings do not show any decrease in range of motion or grip strength bilaterally and Phalen's and Tinel's tests are negative. There were no diagnostic clues documented that would lead to a potential diagnosis of CTS. Therefore, the request for Referral for Evaluation & treat right wrist/ CTS is not medically necessary.