

<b>Case Number:</b>	CM15-0189439		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 injured worker is a 41 year old female who sustained an industrial injury on July 06, 2010. A primary treating office visit dated August 18, 2015 reported "she has not yet undergone chiropractic care nor diagnostic testing." She "continues to have bilateral arm, elbow, and wrist and hand pain." The plan of care noted requesting both a chiropractic session and to undergo a MRI of bilateral wrists ruling out ligament tears. She also "continues with pain in her cervical and lumbar spine." The impression noted: sprains and strains of wrist; lumbar sprain and strain; degenerative joint not otherwise specified of shoulder, and cervical sprain. Previous treatment to involve: activity modification, anti-inflammatory agent, physical therapy, chiropractic care and acupuncture session. On November 05, 2014 she underwent electromyography of the lower extremities revealing normal findings. Nerve conduction done that same day of November 2015 revealed: abnormal findings suggestive of severe bilateral carpal tunnel syndrome; bilateral canal of Guyon's entrapment. The provided medical records showed no evidence of previous MRI testing of bilateral wrists. On August 18, 2015 a request was made for chiropractic care 12 sessions treating the neck, bilateral shoulders, lumbar spine, and bilateral wrists and a MRI of bilateral wrists that were found noncertified by Utilization review on August 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care; 12 visits neck, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The patient presents with bilateral arm, elbow, wrist, and hand pain. The request is for CHIROPRACTIC CARE; 12 VISITS NECK, LEFT SHOULDER. Physical examination to the cervical spine on 08/18/15 revealed tenderness to palpation over the left paraspinal muscles. Range of motion was noted to be restricted. Examination to the left shoulder revealed tenderness to palpation over the biceps tendon. Range of motion of the bilateral shoulders was restricted. Patient's treatments have included EMG/NCV studies, image studies, medication, chiropractic care, physical therapy, and acupuncture. Per 08/18/15 Request For Authorization form, patient's diagnosis include cervical sprain, derangement of joint not otherwise specified of shoulder, lateral epicondylitis, medial epicondylitis, carpal tunnel syndrome, lumbar sprain/strain, enthesopathy of hip, internal derangement of knee not otherwise specified, sprains and strains of wrist. Patient's medication, per 06/30/15 progress report includes Lidoderm Patch. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, Manual Therapy & Manipulation section recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In progress report dated 06/30/15, it is stated that from 2011 to 2013, the patient attended chiropractic therapy for her neck, back and upper and lower extremities on a personal basis. However, the treater has not documented pain reduction and functional improvement resulting from chiropractic therapy. Furthermore, MTUS guidelines recommend a trial of up to 6 visits over 2 weeks and the current request for 12 visits, in addition to prior chiropractic visits exceeds what is allowed by MTUS and therefore, the request IS NOT medically necessary.

**MRI bilateral wrists:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist, & hand chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) chapter, under MRI's.

**Decision rationale:** The patient presents with bilateral arm, elbow, wrist, and hand pain. The request is for MRI BILATERAL WRISTS. Physical examination to the left wrist on 08/18/15 revealed tenderness to palpation over the left wrist joint line. Range of motion of the bilateral wrists was within normal limits. Patient's treatments have included EMG/NCV studies, image studies, medication, chiropractic care, physical therapy, and acupuncture. Per 08/18/15 Request

For Authorization form, patient's diagnosis include cervical sprain, derangement of joint not otherwise specified of shoulder, lateral epicondylitis, medial epicondylitis, carpal tunnel syndrome, lumbar sprain/strain, enthesopathy of hip, internal derangement of knee not otherwise specified, sprains and strains of wrist. Patient's medication, per 06/30/15 progress report includes Lidoderm Patch. Patient's work status is modified duties. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, under 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. Indications for imaging, Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbock'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. (May 2008) In progress report dated 08/18/15, the treater is requesting MRI of the bilateral wrists to rule out ligament tear. The patient continues with pain in the bilateral wrists and is diagnosed with carpal tunnel syndrome, and sprains and strains of wrist. Examination to the left wrist on 08/18/15 revealed tenderness to palpation over the left wrist joint line. Tinel's test was positive on the left and negative on the right. EMG/NCV studies from 11/05/14 showed abnormal nerve conduction study of the bilateral upper extremities, suggestive of severe bilateral carpal tunnel syndrome, and bilateral canal of Guyon's entrapment. Review of the medical records provided did not indicate prior MRI of the bilateral wrists. ODG Guidelines recommend magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. In this case, the treater does not mention any acute trauma, and there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbock's disease to warrant an MRI of the hands/wrists. Therefore, the request IS NOT medically necessary.