

<b>Case Number:</b>	CM15-0200772		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/03/2004
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 50 year old female with a date of injury on 4-3-04. A review of the medical record indicates that the injured worker is undergoing treatment for neck, right shoulder and right wrist pain. Progress report dated 8-25-15 reports continued complaints of constant cervical spine pain with radiation to bilateral hands, described as sharp, aching and constant rated 3-8 out of 10. She has complaints of right shoulder pain that is sharp, shooting, achy, burning, throbbing rated 3-8 out of 10. She report being unable to sleep on right shoulder. She has right wrist pain that is constant, throbbing with pins, needles, stiffness and numbness rated 3-10 out of 10. Objective findings: decreased painful neck range of motion, tender to palpation, decreased painful right shoulder range of motion, right wrist tender to palpation, positive Phalen's and decreased right median distribution. EMG NCS dated 10-24-14 reveals severe entrapment neuropathy of the median nerve at both wrists carpal tunnel syndrome. Treatments include: medication, physical therapy, shock wave therapy, acupuncture, wrist splint and psychotherapy. Request for authorization dated 8-25-15 was made for MRI of cervical spine and MRI of right wrist. Utilization review dated 9-25-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2004 when she slipped on shampoo that was on the floor of a guest room she was cleaning. She had right shoulder surgery in March 2005. She continues to be treated for chronic pain and secondary depression. Upper extremity electrodiagnostic testing in October 2014 showed findings of severe bilateral median nerve entrapment at the wrists. She was seen for an initial evaluation by the requesting provider on 07/21/15. She was having constant cervical spine pain radiating into both hands, constant right shoulder pain, and constant right wrist and hand pain with stiffness and numbness. Physical examination findings included decreased and painful cervical spine range of motion with tenderness. There was positive cervical distraction and hyperextension testing. There was decreased and painful right shoulder range of motion with tenderness and positive impingement testing. There was right wrist dorsal and volar tenderness with decreased median nerve distribution sensation and positive Phalen's testing. Authorization is being requested for an MRI scan of the wrist and cervical spine. Electrodiagnostic testing for the upper extremities was also requested. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan. Plain film imaging would be expected prior to considering an MRI scan. It is not considered medically necessary.

**MRI right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging) (2) Carpal Tunnel Syndrome (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2004 when she slipped on shampoo that was on the floor of a guest room she was cleaning. She had right shoulder surgery in March 2005. She continues to be treated for chronic pain and secondary depression. Upper extremity electrodiagnostic testing in October 2014 showed findings of severe bilateral median nerve entrapment at the wrists. She was seen for an initial evaluation by the

requesting provider on 07/21/15. She was having constant cervical spine pain radiating into both hands, constant right shoulder pain, and constant right wrist and hand pain with stiffness and numbness. Physical examination findings included decreased and painful cervical spine range of motion with tenderness. There was positive cervical distraction and hyperextension testing. There was decreased and painful right shoulder range of motion with tenderness and positive impingement testing. There was right wrist dorsal and volar tenderness with decreased median nerve distribution sensation and positive Phalen's testing. Authorization is being requested for an MRI scan of the wrist and cervical spine. Electrodiagnostic testing for the upper extremities was also requested. An MRI of the wrist for carpal tunnel syndrome is not recommended in the absence of ambiguous electrodiagnostic studies. In this case, the claimant had electrodiagnostic testing in October 2014 showing findings of severe carpal tunnel syndrome. These results were not reviewed when this request was made as electrodiagnostic testing was also requested. Magnetic resonance imaging has also 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 and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Plain film imaging of the wrist would be expected prior to obtaining an MRI scan. In this case, plain x-ray results are not described. The requested MRI is not considered medically necessary.