

<b>Case Number:</b>	CM15-0206361		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, 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:

The injured worker is a 66 year old female who sustained an industrial injury on December 04, 2013. The worker is being treated for: cervical discopathy with radiculitis; shoulders internal derangement; carpal tunnel double crush syndrome and left trigger thumb DeQuervain's. Subjective: June 23, 2015, August 14, 2015 she reported constant pain in the cervical spine radiating into upper extremities with headache. There is also frequent pain in bilateral shoulders which is found increasing along with frequent pain in right wrist and hand associated with numbness and tingling. Objective: August 14, 2015 noted cervical spine with tenderness to palpation of paravertebral muscles with associated spasm' positive axial loading compression testing and Spurling's maneuver. There is limited cervical range of motion secondary to pain. Bilateral shoulders with noted tenderness around the glenohumeral region and subcromial space. Both Hawkin's and impingement signs with positive results. Rotator cuff appears intact although painful and range of motion showed reproducible symptomatology with internal rotation and forward flexion. Standing flexion and extension noted guarded and restricted. Bilateral wrists showed tenderness at the dorsum; positive Palmar compressions with subsequent Phalen's. Tinel's noted positive over carpal canal and range of motion is full but painful. The Agreed Medical Evaluation states that the patient has previously undergone MRI of the right shoulder, left thumb, left wrist, and neck. She completed 24 sessions of physical therapy. Medications: June 23, 2015, July 19, 2015: Nabumetone, Prevacid, Ondansetron, Flexeril, Tramadol, Lunesta, Tylenol #4, Cymbalta, Norco, Levofloxacin, and Mentherm gel. On September 17,

2015 a request was made for MRI bilateral shoulders, right wrist and hand, and EMG NCV of bilateral upper extremities which were noncertified by Utilization Review on September 24, 2015.

### **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, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

**Decision rationale:** Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.

#### **MRI bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for repeat MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. ODG goes on to state that they repeat

MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of changed subjective complaints or objective findings since the time of the most recent shoulder MRI. In the absence of clarity regarding those issues, the currently requested repeat shoulder MRI is not medically necessary.

**MRI right wrist/hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters.

**Decision rationale:** Regarding the request for MRI of the wrist, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbock's disease. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of changed subjective complaints or objective findings since the time of the most recent shoulder MRI. In the absence of such documentation, the currently requested MRI of the wrist is not medically necessary.

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, it is unclear why the patient's previous cervical MRI would be insufficient to explain the current subjective complaints and objective findings. Additionally, recent objective findings seem to identify neurologic deficits within a dermatomal distribution. Therefore, it is unclear why electrodiagnostic testing would be needed if the physician is already confident in the diagnosis. Finally, it is unclear what medical decision-making will be based upon the outcome of the requested study. In the absence of clarity regarding those issues, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.

