

<b>Case Number:</b>	CM15-0050550		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Emergency 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 46 year old female who has reported widespread pain after falling on 01/05/14. The diagnoses include sprain/strain of the neck, back, extremities; disk disease, radiculopathy, and mood disorders. She has had radiographs of the left shoulder and elbow, bilateral knee MRIs, left shoulder MRI, right elbow MRI, and a lumbar MRI prior to the current requests. Treatments have included medications, chiropractic, acupuncture, knee surgery, and physical therapy. Reports from the current primary treating physician during 2014 and 2015 reflect widespread pain, with tenderness and reduced range of motion of the painful areas. There is no discussion of the injury and treatment history for each of the painful areas. There is no discussion of the specific indications for the proposed tests and treatments. Shockwave therapy was listed in the treatment plans from November 2014 to February 4/2015. The results of these treatments were not available for review. The IW remained temporary totally disabled. On 3/6/15 Utilization Review non-certified the MRIs and shockwave therapy now referred for an Independent Medical Review. The treatment requests appear to have originated from a report and Request for Authorization of 2/4/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254-258. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, hand, wrist chapter; MRIs (magnetic resonance imaging).

**Decision rationale:** The ACOEM Guidelines pages 254-258 list the criteria for examining the hand and wrist. The necessary components of the examination are not present. The specific historical details of any wrist symptoms are not described sufficiently. Per Page 268-269 of the ACOEM Guidelines, special studies are not needed until after a 4-week period of conservative care. Common tests are listed, with indications. Specific care for the wrist was not described adequately. The treating physician has not provided sufficient indications for any imaging test, including an MRI. The Official Disability Guidelines list the following indications for an 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. None of these conditions were described by the treating physician. The wrist MRIs are not medically necessary based on the lack of sufficient indications and the cited guidelines.

**Shockwave therapy up to 3 treatments for the bilateral shoulders, wrists and knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The Official Disability Guidelines states that shockwave therapy for the knee is "under study" for patellar tendinopathy and long-bone hypertrophic non-unions. Neither of these conditions is present in this injured worker. Shockwave therapy for the knee is not addressed in the MTUS. Per the cited guideline, shockwave therapy for the knee is not medically necessary. The MTUS, cited above, states that ECSWT is an option for calcifying tendinitis. This condition is not present in this injured worker, per the MRI and x-ray findings. The ECSWT is not medically necessary as a result. ECSWT for the wrist is not addressed in the MTUS or the Official Disability Guidelines. ECSWT for non-specific wrist pain is unconventional, does not have good evidence supporting it, and is not medically necessary as well.

**MRI of the bilateral elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 4-14, 33, 35.

**Decision rationale:** The updated ACOEM Guidelines for the Elbow, Page 33, recommend imaging studies after at least 4 weeks of conservative care without improvement. In general, patients do not require imaging studies unless there is lack of improvement and there is sufficient evidence of a possible surgical lesion. No reports adequately address the specific signs and symptoms relevant to a significant elbow condition. Note the ACOEM recommendations for elbow evaluation per the citation above. A sufficient evaluation was not performed. No reports adequately address the specific signs and symptoms relevant to a neurologic disorder in the upper extremity (see page 12 in the updated ACOEM Guidelines for the Elbow). The prior results of radiographs and MRIs were not addressed, and reasons for repeating these studies were not discussed. The treating physician did not describe an adequate and failed course of conservative care as outlined in the MTUS. An MRI of the elbows is not medically necessary based on the MTUS.

**MRI of the bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 200.

**Decision rationale:** The MTUS-ACOEM Guidelines, pages 207-9, discuss the criteria for imaging of the shoulder. Special studies are not needed unless there has been a 4-6 week period of conservative care. Exceptions to this rule include the specific bony pathology listed on page 207, and neurovascular compression. Page 200 of the ACOEM Guidelines describes the components of the clinical evaluation of the shoulder. The necessary components of the shoulder examination described in the MTUS are not present. The available reports do not adequately explain the kinds of conservative care already performed. The injured worker currently has non-specific, regional pain, which is not a good basis for performing an MRI. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the MTUS. The treating physician did not discuss the results of the prior radiographs and MRI and explained why repeat imaging is necessary. The MRI is not medically necessary based on the MTUS recommendations.