

<b>Case Number:</b>	CM14-0088614		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year-old female who has reported widespread pain after an injury on 08/30/2012. The painful areas include the head, neck, shoulders, back, and all extremities. The diagnoses include spondylosis, radiculopathy, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, and right knee pain. Treatment has included epidural injections and neuroplasties, facet blocks, chiropractic, physical therapy, acupuncture, and medications. Per the orthopedic evaluation of 1/14/14, there was neck, back, and knee pain. Per the PR2's of 12/16/13 and 3/12/14 from the chiropractor, there was neck, back, wrist, hip, and knee pain. The 4/24/14 PR2 from the chiropractor refers to a QME report that recommended treatment of the shoulder. Symptoms now include bilateral shoulder and right elbow pain. Range of motion of the shoulders was decreased, right more than left. The right elbow was stated to have swelling and flexion was limited. The diagnoses for the shoulders and right elbow were "sprain/strain". Imaging was prescribed as per the requests listed in this Independent Medical Review. There was no information regarding prior evaluation or treatment of the shoulders and elbows, and no specific history regarding the symptoms in these areas. On 5/21/14 Utilization Review evaluated requests for MRIs of the shoulders, X-rays of the shoulders, MRIs of the elbows, and X-rays of the elbows. An MRI of the right shoulder was certified and the other tests were non-certified. The MTUS and the Official Disability Guidelines were cited, and note was made of the lack of clinical indications and lack of sufficient conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of the bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214 table 9-6, 209. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Shoulder Procedure Summary last updated 03/31/2014, Indications for imaging- Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints Page(s): 207-209, 200.

**Decision rationale:** The 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. Evidence for this kind of pathology was not presented. The necessary components of the shoulder exam are not present, see page 200 of the ACOEM Guidelines. The history of the shoulder pain is not sufficient, as there is practically no information provided regarding the development of shoulder pain. The available reports do not adequately explain the kinds of conservative care already performed. The injured worker currently has non-specific, non-articular, 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 MRI is not medically necessary based on the MTUS recommendations.

### **X-ray of the bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202 Table 9-2 & 214 Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Shoulder Procedure Summary last updated 03/31/2014, Indications for imaging- Plain radiographs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 200.

**Decision rationale:** The 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. Evidence for this kind of pathology was not presented. The necessary components of the shoulder exam are not present, see page 200 of the ACOEM Guidelines. The history of the shoulder pain is not sufficient, as there is practically no information provided regarding the development of shoulder pain. The available reports do not adequately explain the kinds of conservative care already performed. The injured worker currently has non-specific, non-articular, regional pain, which is not a good basis for performing imaging. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the MTUS. The radiographs are not medically necessary based on the MTUS recommendations.

**MRI bilateral elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Elbow Procedure Summary last updated 02/14/2014 (ACR, 2001).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 4-14, 33, 35, 44, 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. An adequate injury history was not presented. The left elbow was asymptomatic and there was no examination of that elbow. This injured worker has not completed an adequate course of conservative care as outlined in the MTUS. An MRI of either elbow is not medically necessary based on the MTUS recommendations.

**X-ray of the bilateral elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Elbow Procedure Summary last updated 02/14/2014 (ACR, 2001), (Lennon, 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 4-14, 33, 35, 44, 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. An adequate injury history was not presented. The left elbow was asymptomatic and there was no examination of that elbow. This injured worker has not completed an adequate course of conservative care as outlined in the MTUS. Radiographs of either elbow are not medically necessary based on the MTUS recommendations.