

<b>Case Number:</b>	CM14-0098044		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/28/2000
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Physical Medicine & Rehabilitation 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 55 year old female with a 11/28/2000 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 3/18/14 noted subjective complaints of neck pain radiating to the bilateral upper extremities. It also noted bilateral shoulder pain and hand pain. Objective findings included cervical spine paraspinal tenderness and decreased ROM. Strength, sensation, reflexes are normal in bilateral upper extremities. There was tenderness along bilateral shoulders, limited range of motion, positive impingement and supraspinatus sign. There is bilateral carpal tenderness and negative tinel's and phalen's sign. Diagnostic Impression: cervical spine stenosis, shoulder internal derangement, carpal tunnel syndrome Treatment to Date: medication management A UR decision dated 6/4/14 denied the request for MRI cervical spine. There are no neurological deficits in the dermatomal distribution of the upper extremities. It also denied MRI left shoulder. There is no indication that the claimant had a significant change in status or progression of symptoms to support the request. It also denied MRI right shoulder. There is no indication that the claimant had a significant change in status or progression of symptoms to support the request. It also denied MRI left hand. There is no indication that the claimant had a significant change in status or progression of symptoms to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI w/o contrast of C-Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment of Worker's Compensation - MRI Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter - MRI

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there are no such red flag conditions such as objective neurological findings on examination. There is no provided documentation of failure of conservative management. There is no mention of surgical consideration. Therefore, the request for MRI w/o contrast of C-spine was not medically necessary.

**MRI of the Left Shoulder w/o Contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines MRI Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - MRI

**Decision rationale:** CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. However, there are no such red flag conditions such as objective neurological findings on examination. There is no provided documentation of failure of conservative management. There is no mention of surgical consideration. Therefore, the request for MRI of left shoulder w/o contrast was not medically necessary.

**MRI w/o Contrast of the RT Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines MRI Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - MRI

**Decision rationale:** CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. However, there are no such red flag conditions such as objective neurological findings on examination. There is no provided documentation of failure of conservative management. There is no mention of surgical consideration. Therefore, the request for MRI w/o contrast of the RT shoulder was not medically necessary.

**MRI w/o Contrast of the Left Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment of Worker's Compensation MRI Imaging

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

**Decision rationale:** MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbock disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; to diagnose suspected soft-tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. However, in review of the provided documents, there is no significant physical exam abnormalities other than carpal tenderness noted. There is no mention of acute trauma or mention of suspicion of specific pathology such as ligamentous tear. Therefore, the request for MRI w/o contrast of the left hand was not medically necessary.