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| Case Number: | CM15-0012095 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 06/03/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: Internal 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:

This 43 year old woman sustained an industrial injury on 6/3/2013. The mechanism of injury was not detailed. Treatment has included oral medications. Physician notes on a PR-2 dated 12/9/2014 show complaints of radicular neck pain with muscle spasms, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, right ankle pain, acupuncture, and shockwave therapy, anxiety, and depression. Recommendations include random drug testing, EMG/NCV study of the bilateral upper and lower extremities, continue acupuncture, physical therapy, shockwave therapy, and is pending psychology and neurology consultations, Terocin patches, and follow up. On 12/23/2014, Utilization Review evaluated a prescription for an MRI of the bilateral ankles, that was submitted on 1/21/2015. The UR physician noted there was no documentation that the worker had received any conservative treatment towards the ankles to support the request. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI bilateral ankles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicates that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). MRI of the right ankle on 03/21/2014 demonstrated ankle joint effusion, calcaneal spur, osteoarthritis of the first metacarpal phalangeal joint. MRI of the left ankle on 03/21/2014 demonstrated dorsal lateral talonavicular capsulitis and first metatarsophalangeal joint osteoarthritis. The primary treating physician's progress report dated 12/9/14 documented that the patient was able to heel-toe walk. No left ankle symptoms were reported. No new ankle injuries were reported. The 12/9/14 progress report does not provide clinical support for the repeat MRI of bilateral ankles. The request for repeat MRI of bilateral ankles is not supported by ACOEM & MTUS guidelines. Therefore, the request for MRI of bilateral ankles is not medically necessary.

Retrospective MRI bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) MRI's (magnetic resonance imaging).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-6 Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that magnetic resonance imaging (MRI) has nil ability to identify and define ligament and tendon strain, tendinitis, and tenosynovitis. Official Disability Guidelines (ODG) indicate that repeat MRI is not routinely recommended. Official Disability Guidelines (ODG) indicate that plain film X-rays should be performed before consideration of MRI. MRI of the right wrist on 03/20/2014 demonstrated triangular fibrocartilage complex tear, scapholunate ligament tear, ulnar lunate impaction, scapholunate osteoarthritis. The primary treating physician's progress report dated 12/9/14 documented that bilateral wrists had normal range of motion. Motor strength was 5/5 in all muscle groups in bilateral upper extremities. No new wrist injuries were reported. No plain film X-rays of the wrists were documented. No electrodiagnostic studies were documented. The orthopedic agreed medical evaluation dated 12/16/14 documented normal grip strength bilaterally. Tinel sign, Phalen test, and Finkelstein test were negative bilaterally. The 12/9/14 progress report does not provide clinical support for

the MRI of the left wrist. The 12/9/14 progress report does not provide clinical support for the repeat MRI of the right wrist. Therefore, the request for MRI of bilateral wrists is not medically necessary.

Retrospective MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicates that repeat MRI is not routinely recommended. The primary treating physician's progress report dated 12/9/14 documented that motor strength was 5/5 in all muscle groups in bilateral upper extremities. Cervical spine range of motion was normal. MRI of the cervical spine dated 3/19/2014 demonstrated C3-4 disc desiccation. C2-3, C4-5, C5-6, C6-7, and C7-T11 were normal. X-ray of the cervical spine performed 12/16/14 demonstrated normal cervical vertebrae. Disc spaces were normal. No acute trauma was reported. No suspicion of fracture, tumor, or infection were documented. Because the red flags were absent, the request for a repeat cervical spine MRI magnetic resonance imaging is not supported. Therefore, the request for MRI of the cervical spine is not medically necessary.

Retrospective MRI bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) MRI. ACOEM 3rd Edition Elbow disorders <http://www.guideline.gov/content.aspx?id=38447>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition Chapter 10 Elbow Complaints recommends MRI for suspected ulnar collateral ligament tears, but not other elbow conditions. MRI for epicondylalgia is not recommended. Official Disability Guidelines (ODG) indicate plain films X-rays are required before MRI is considered. MRI of elbow may be indicated when plain films are non-diagnostic. There is a lack of studies showing the sensitivity and specificity of magnetic resonance in many of these entities, and MRI is usually not necessary. ACOEM 3rd Edition indicates that magnetic resonance imaging MRI for routine evaluation of acute, subacute, or chronic elbow joint pathology, including degenerative joint disease is not recommended. MRI of the right elbow on 03/19/2014 was reported as normal. MRI of the left elbow on 03/19/2014 was reported as negative, except for effusion of the radiohumeral joint, ulnarhumeral joint and proximal radioulnar joint. The primary treating physician's progress report dated 12/9/14 documented that bilateral elbows had normal range of motion. Motor strength was 5/5 in all muscle groups in bilateral upper extremities. No new elbow injuries were reported. No plain film X-rays of the elbows were documented. Official Disability Guidelines (ODG) indicate that nondiagnostic plain films X-rays are required before MRI is considered. The orthopedic agreed medical evaluation dated 12/16/14 documented normal grip strength bilaterally. Tinel sign, Phalen test, Finkelstein test, and Ulnar compression test were negative bilaterally. Bilateral elbows demonstrated no evidence of ligament instability. The medical records do not provide clinical support for the request for repeat MRI of bilateral elbows. ACOEM 3rd Edition indicates that MRI for routine evaluation of chronic elbow joint pathology is not recommended. The request for elbow MRI is not supported by ACOEM and ODG guidelines. Therefore, the request for MRI of bilateral elbows is not medically necessary.

Retrospective MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/impingement, with normal plain radiographs. Repeat MRI is not routinely recommended. MRI of the left shoulder on 03/19/2014 demonstrated evidence of supraspinals and infraspinatus tendinosis. MRI of the

right shoulder on 03/19/2014 demonstrated evidence of supraspinatus and infraspinatus tendinosis. The primary treating physician's progress report dated 12/9/14 documented that bilateral shoulders had normal range of motion. Motor strength was 5/5 in all muscle groups in bilateral upper extremities. No new shoulder injuries were reported. No plain film X-rays of the shoulders were documented. ODG guidelines indicate that plain-film x-ray radiographs are required for consideration of shoulder MRI. The orthopedic agreed medical evaluation dated 12/16/14 documented that bilateral shoulders demonstrated no ligament instability. The medical records do not provide clinical support for the request for repeat MRI of bilateral shoulder. Therefore, the request for MRI bilateral shoulders is not medically necessary.