

<b>Case Number:</b>	CM15-0022137		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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

### 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 53 year old female, who sustained an industrial injury on 12/31/2010. Diagnoses include cervical sprain/strain with radiculitis and 1mm disc at C3-4, C4-5 and C5-6 per magnetic resonance imaging (MRI) dated 1/27/2012, right shoulder sprain/strain with impingement syndrome and bursitis per MRI dated 11/16/2011, right wrist sprain/strain rule out internal derangement, thoracic sprain/strain, post traumatic anxiety/depressive disorder secondary to above, gastritis secondary to above and post traumatic sleep disorder secondary to above. Treatment to date has included surgical intervention (right shoulder arthroscopy with acromioplasty and repair on 3/25/2013), medications, physical therapy, occupational therapy, diagnostic testing, chiropractic treatment and massage therapy. Per the Primary Treating Physician's Progress Report dated 12/18/2014, the injured worker reported neck pain radiating to both hands, upper back pain, right shoulder pain radiating to the right hand, right wrist pain, increased pain to the left arm and left hand as a result of not using her right side, abdominal pain, poor concentration, poor memory, feeling tired and sad, irritable, anxious, nervous, difficulty falling asleep and decreased sexual libido. Physical examination of the cervical and thoracic spine revealed decreased ranges of motion with pain and palpable tenderness. Shoulder examination revealed decreased ranges of motion with pain. Wrist examination revealed decreased ranges of motion with pain and tenderness of the right wrist. Tinel's and Phalen's were equivocal on the right. The plan of care included topical medications, diagnostic testing and transcutaneous electrical nerve stimulation (TENS) unit for home use. Authorization was

requested for magnetic resonance imaging (MRI) of the cervical spine, right shoulder and right wrist, TENS unit, FCMC ointment and Keto ointment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the Cervical Spine: Upheld**

**Claims Administrator 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) Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

**Decision rationale:** The current request is for MRI of the Cervical Spine. The RFA is from 01/07/15. Treatment to date has included surgical intervention (right shoulder arthroscopy with acromioplasty and repair on 3/25/2013), medications, physical therapy, occupational therapy, diagnostic testing, chiropractic treatment and massage therapy. The patient is TTD through 02/09/15. ACOEM Guidelines, Chapter 8, pages 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter under Magnetic resonance imaging (MRI) have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction; (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" According to initial medical report dated 12/18/2014, the patient reported neck pain radiating to both hands, upper back pain, right shoulder pain radiating to the right hand, right wrist pain, increased pain to the left arm and left hand as a result of not using her right side. Physical examination of the cervical and thoracic spine revealed decreased ranges of motion with pain and palpable tenderness. Shoulder examination revealed decreased ranges of motion with pain. Wrist examination revealed decreased range of motion with pain and tenderness of the right wrist. Tinel's and Phalen's were positive on the right. The request is for an updated MRI of the c-spine as the last one was conducted in 2012. The patient underwent

prior MRI on 01/27/12, which showed 1mm disc progress at C3-C6. In this case, there is no documentation or discussion of significant change in symptoms or findings to the cervical spine. There is no discussion of progression of neurologic deficit, no red flags and no new injury to warrant a repeat cervical MRI study. This request is not medically necessary.

**MRI of the Right Shoulder: Upheld**

**Claims Administrator 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) Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208.

**Decision rationale:** The current request is for MRI of the Right Shoulder. The RFA is from 01/07/15. Treatment to date has included surgical intervention (right shoulder arthroscopy with acromioplasty and repair on 3/25/2013), medications, physical therapy, occupational therapy, diagnostic testing, chiropractic treatment and massage therapy. The patient is not working. The patient is TTD through 02/09/15. ACOEM Guidelines, Chapter 9, pages 207 and 208 has the following regarding shoulder MRI: routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per progress Report dated 12/18/2014, the patient reported neck pain radiating to both hands, upper back pain, right shoulder pain radiating to the right hand, right wrist pain, increased pain to the left arm and left hand as a result of not using her right side. Physical examination of the cervical and thoracic spine revealed decreased ranges of motion with pain and palpable tenderness. Shoulder examination revealed decreased ranges of motion with pain. Wrist examination revealed decreased range of motion with pain and tenderness of the right wrist. Tinel's and Phalen's were positive on the right. The request is for a MRI of the right shoulder. The patient underwent prior MRI of the right shoulder on 11/16/11 and is s/p right shoulder arthroscopy from 03/25/13. The patient underwent an x-ray of the right shoulder on 04/03/13 which showed soft tissue calcification at the area of the greater tuberosity on the internally rotated view. The patient is requesting an updated MRI as the previous one is from 2011. In this case, there are no significant change in symptoms and/or findings suggestive of significant pathology to require an MRI of the shoulder. This request is not medically necessary.

**MRI of the Right Wrist: 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Forearm, Wrist & Hand (Acute & Chronic), Radiography.

**Decision rationale:** The current request is for MRI of the Right Wrist. The RFA is from 01/07/15. Treatment to date has included surgical intervention (right shoulder arthroscopy with acromioplasty and repair on 3/25/2013), medications, physical therapy, occupational therapy, diagnostic testing, chiropractic treatment and massage therapy. The patient is not working. The patient is TTD through 02/09/15. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." ODG guidelines, under Forearm, Wrist & Hand (Acute & Chronic), Radiography states: For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. Per progress Report dated 12/18/2014, the patient reported neck pain radiating to both hands, upper back pain, right shoulder pain radiating to the right hand, right wrist pain, increased pain to the left arm and left hand as a result of not using her right side. Physical examination of the cervical and thoracic spine revealed decreased ranges of motion with pain and palpable tenderness. Shoulder examination revealed decreased ranges of motion with pain. Wrist examination revealed decreased range of motion with pain and tenderness of the right wrist. Tinel's and Phalen's were positive on the right. The treater has requested a MRI of the right wrist. This patient underwent right wrist x-rays on 04/04/13 which revealed a small amount of soft tissue calcification at the distal ulna in the area of the articular surface. Review of reports show that no prior MRI of the right wrist has been done. Although there is evidence of prior x-rays, there is no concern of acute trauma, or any suspicion of subtle fracture. There is no discussion as to whether or not ligament tears/instability is an issue. Routine ordering of an MRI to address pain is not recommended. For chronic wrist pain, there has to be a suspicion of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-ray. Given there is no such concern, this request is not medically necessary.

**Tens Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

**Decision rationale:** The current request is for Tens Unit. The RFA is from 01/07/15. Treatment to date has included surgical intervention (right shoulder arthroscopy with acromioplasty and repair on 3/25/2013), medications, physical therapy, occupational therapy, diagnostic testing,

chiropractic treatment and massage therapy. The patient is not working. The patient is TTD through 02/09/15. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Per progress Report dated 12/18/2014, the patient reported neck pain radiating to both hands, upper back pain, right shoulder pain radiating to the right hand, right wrist pain, increased pain to the left arm and left hand as a result of not using her right side. Physical examination of the cervical and thoracic spine revealed decreased ranges of motion with pain and palpable tenderness. Shoulder examination revealed decreased ranges of motion with pain. Wrist examination revealed decreased range of motion with pain and tenderness of the right wrist. Tinel's and Phalen's were positive on the right. The treater is requesting a TENS unit for relief of pain at home. The medical file does not include discussion of prior TENS use or whether this patient has undergone a 30 day trial to date. Were the request for a 30 day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

**FCCM Ointment 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** FCCM Ointment 120gm. The current request is for FCCM Ointment 120gm. The RFA is from 01/07/15. Treatment to date has included surgical intervention (right shoulder arthroscopy with acromioplasty and repair on 3/25/2013), medications, physical therapy, occupational therapy, diagnostic testing, chiropractic treatment and massage therapy. The patient is not working. The patient is TTD through 02/09/15. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This is an initial request for this medication. It is unclear what ingredients are in FCCM cream. A research on the internet did not produce any results for FCCM ointment. In this case, recommendation cannot be made of a topical agent, without knowing its components. Furthermore, MTUS states that there is little to no research to support the use of many of these agents. The request is not medically necessary.

**Keto Ointment 120 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The current request is for Keto Ointment 120 gm. The RFA is from 01/07/15. Treatment to date has included surgical intervention (right shoulder arthroscopy with acromioplasty and repair on 3/25/2013), medications, physical therapy, occupational therapy, diagnostic testing, chiropractic treatment and massage therapy. The patient is not working. The patient is TTD through 02/09/15. MTUS, under Topical Analgesics pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." This is an initial request for this medication. As Ketoprofen is not recommended for topical formulation, the request is not medically necessary.