

Case Number:	CM15-0063581		
Date Assigned:	04/09/2015	Date of Injury:	05/23/2008
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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 61-year-old female who sustained an industrial injury on 5/23/08 the result of repetitive trauma relating to her right upper extremity. She had x-rays, physical therapy and chiropractic treatments. She continued working and to experience complaints in the right upper extremity including the shoulder and right side of the neck. Of note, she has had prior injuries involving low back, right hip and left upper extremity. She currently complains of right shoulder and wrist pain. She has decreased range of motion in both areas. Medications were not clear. Diagnoses include overuse syndrome/ repetitive trauma, right upper extremity; bursitis/ impingement syndrome, right shoulder, with rotator cuff pathology; right wrist tendinitis; musculoligamentous strain, right cervicotrpezial region. Treatments to date include physical therapy; chiropractic treatment. Diagnostic include x-rays of the lumbar spine, cervical spine, right wrist and shoulder reveal mild abnormalities; ultrasound of the right wrist (11/17/10) normal; MRI of the right wrist (10/14/14). In the progress note dated 2/17/15 the treating provider's plan of care requests MRI of the right shoulder and wrist to rule out internal derangement and tendinitis of the right wrist; chiropractic treatments to the cervical spine and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Joint upper extremity without dye, Right Shoulder to rule out internal derangement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain in the right upper extremity including the shoulder and right side of the neck. The request is for MRI JOINT UPPER EXTREMITY WITHOUT DYE, RIGHT SHOULDER TO RULE OUT INTERNAL DERANGEMENT. The RFA provided is dated 02/17/15 and the date of injury is 05/23/08. The diagnoses include overuse syndrome/ repetitive trauma, right upper extremity; bursitis/ impingement syndrome, right shoulder, with rotator cuff pathology; right wrist tendinitis; musculoligamentous strain, right cervicotracheal region. Per 02/17/15 report, physical examination to the right shoulder revealed tenderness to palpation. Decreased range of motion with positive impingement and positive Codman's test. Treatments to date include physical therapy and chiropractic treatment. The patient works full duty. 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 radiograph. 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 02/17/15 report, treater requests for an "MRI of the right shoulder to rule out internal derangement." The patient has not yet had a MRI of the right shoulder and is diagnosed with right shoulder impingement syndrome. ODG Guidelines under shoulder chapter support MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. Given that the injury is from 2008 and the patient continues to have right shoulder pain, a MRI appears reasonable and is supported by guidelines. The requested MRI of the right shoulder IS medically necessary.

MRI (magnetic resonance imaging) Joint upper extremity without dye, Right Wrist to rule out internal derangement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): tables 11-1, 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand chapter - MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Forearm, Wrist, Hand (Acute & Chronic), MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with pain in the right upper extremity including the shoulder and right side of the neck. The request is for MRI JOINT UPPER EXTREMITY WITHOUT DYE, RIGHT WRIST TO RULE OUT INTERNAL DERANGEMENT. The RFA

provided is dated 02/17/15 and the date of injury is 05/23/08. The diagnoses include overuse syndrome/ repetitive trauma, right upper extremity; bursitis/ impingement syndrome, right shoulder, with rotator cuff pathology; right wrist tendinitis; musculoligamentous strain, right cervicotrachezian region. Per 02/17/15 report, physical examination to the right wrist revealed tenderness to palpation. Decreased range of motion with positive Phalen's test. Treatments to date include physical therapy and chiropractic treatment. The patient works full duty. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging), state, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." The criteria, according to the guidelines include; (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor; (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; (6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per 02/17/15 report, treater requests for an "MRI of the right wrist to rule out internal derangement." The available progress reports do not document a prior MRI of the right wrist. Physical examination revealed a positive Phalen's test. ODG guidelines also allow for MRIs in patients with chronic wrist pain "because it enables clinicians to perform a global examination of the osseous and soft tissue structures." Therefore, this request IS medically necessary.

Chiropractic manipulation, 1-2 regions, 2 times per week for 6 weeks (12 sessions) to Cervical Spine and Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck Chapter - Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain in the right upper extremity including the shoulder and right side of the neck. The request is for CHIROPRACTIC MANIPULATION, 1-2 REGIONS, 2 TIMES PER WEEK 6 WEEKS (12 SESSIONS) TO CERVICAL SPINE AND RIGHT WRIST. The RFA provided is dated 02/17/15 and the date of injury is 05/23/08. The diagnoses include overuse syndrome/ repetitive trauma, right upper extremity; bursitis/ impingement syndrome, right shoulder, with rotator cuff pathology; right wrist tendinitis; musculoligamentous strain, right cervicotrachezian region. Per 02/17/15 report, physical examination to the right wrist revealed tenderness to palpation. Decreased range of motion with positive Phalen's test. There are no physical exam findings of the cervical spine. Treatments to date include physical therapy and chiropractic treatment. The patient works full duty. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment

progress to determine appropriate course of treatments. Per 02/17/15 report, treater states, "Continue to request chiro 2x6 weeks. The patient was unable to complete the previous 12 certified because she was sick." The utilization review letter dated 03/09/15 reports the patient was certified 6 chiropractic sessions on 03/16/11 and 12 on 09/17/14. Chiropractic treatment to the wrist is not supported by MTUS. ODG recommends 8-10 visits for the cervical spine in non-surgical cases. Furthermore, the request for 12 sessions of chiropractic therapy would exceed allowable visits for the patient's condition. Therefore, the request IS NOT medically necessary.