

<b>Case Number:</b>	CM13-0006633		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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:

The patient is a 43-year-old female with a March 10, 2011 date of injury, and is status post (s/p) right carpal tunnel release (CTR) and cubital tunnel release and medial epicondylectomy January 9, 2012. At the time of request for authorization there is documentation of frequent pain in the right and left arm, elbow, forearm, wrist, and hand, finger and thumb. The patient has radiating pain from the hand to the neck, episodes of swelling in the hand and fingers, numbness and tingling in the right hand and fingers, increased pain with movement, weakness in the arm, wrist, and hand. The patient has difficulty sleeping at night due to pain and discomfort; pain in the shoulder, shoulder blade, and upper back, and hand, pain lifting arms above shoulder level. Objective findings include shoulder tenderness over the rotator cuff, a positive impingement. Pain in both elbows; with more pain on the right. Tenderness over medial and lateral epicondyle, positive Tinel's, restricted range of motion (ROM); wrists mild atrophy in both palm areas of both hands, tenderness over the volar carpal ligament and extensor aspect, positive Tinel's and Phalen's, positive Finkelsteins test; 4/5 muscle weakness rotator muscles on the right shoulder, diminished sensation in the bilateral median and ulnar nerve distribution. Current diagnoses include s/p right wrist CTR, right elbow ulnar nerve transposition, complex regional pain syndrome (CRPS) of the right upper extremities (RUE), chronic cervical ligamentous and muscular strain, chronic left shoulder strain with impingement, chronic left elbow strain with ulnar nerve paresis, chronic left wrist strain with carpal tunnel syndrome (CTS), mild sleep disorder, stress, anxiety and depression. Treatment to date includes medications, activity modification, and physical therapy. A July 15, 2013 medical report identifies a request for a bone scan to rule out CRPS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI BILATERAL WRISTS, ELBOWS AND SHOULDERS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 214, 242, 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/hand Chapter; Elbow Chapter, Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of Tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films, as criteria necessary to support the medical necessity of wrist/hand MRI. In addition, MTUS reference to ACOEM guidelines identifies documentation of suspected ulnar collateral ligaments tears, as criteria necessary to support the medical necessity of elbow MRI. ODG identifies documentation of chronic elbow pain and plain films non-diagnostic, as criteria necessary to support the medical necessity of elbow MRI. Furthermore, MTUS reference to ACOEM guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of s/p right wrist CTR, right elbow ulnar nerve transposition, CRPS of the RUE, chronic cervical ligamentous and muscular strain, chronic left shoulder strain with impingement, chronic left elbow strain with ulnar nerve paresis, chronic left wrist strain with CTS. In addition, there is documentation of persistent wrists, elbows, and shoulders subjective/objective findings unresponsive to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for MRI bilateral wrists, elbows, and shoulders, is medically necessary.

**BONE SCAN BILATERAL UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209, 214, 268-269.

**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) Pain Chapter, CRPS, diagnostic tests

**Decision rationale:** The California MTUS reference to ACOEM guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of imaging. ODG supports bone scan in the early stage to help in confirmation of the diagnosis of CRPS. Within the medical information available for review, there is documentation of diagnoses of s/p right wrist CTR, right elbow ulnar nerve transposition, CRPS of the RUE, chronic cervical ligamentous and muscular strain, chronic left shoulder strain with impingement, chronic left elbow strain with ulnar nerve paresthesia, chronic left wrist strain with CTS). In addition, there is documentation of a request for a bone scan to rule out CRPS. Therefore, based on guidelines and a review of the evidence, the request for bone scan bilateral upper extremities is medically necessary.