

Case Number:	CM13-0000941		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2013
Decision Date:	02/13/2014	UR Denial Date:	06/17/2013
Priority:	Standard	Application Received:	07/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 51 year old female with a date of injury of 02/19/2013. The patient has diagnoses of cervical and lumbar back strain, right shoulder strain, and right elbow lateral epicondylitis. Report dated 05/22/2013 by [REDACTED], states that the patient presents with tingling in her hands, and states that she has to shake her hands out intermittently while working. She also reports swelling and tenderness in the right elbow and back, neck, and shoulder pain. Physical examination of the cervical spine showed normal lordosis, negative Spurling's test, negative tenderness over paracervical musculature, and negative muscle spasm present. Motor testing is 5/5 to all muscle groups of the upper extremities (UE). Sensation was noted to be within normal limits over UE. Lumbar spine showed negative tenderness and spasms. Gait and posture were within normal limits, motor testing was 5/5, and normal deep tendon reflexes were present. Range of Motion (ROM) showed flexion 60 with pain, extension 30 with pain, and pain noted with lateral bend to right and left. Examination of right shoulder showed positive tenderness over the greater tuberosity, positive Neer's, and Hawking's test. There was negative acromioclavicular joint compression, tenderness, crossover test and apprehension. ROM was again noted within normal limits. Examination of bilateral wrist showed normal ROM, positive Tinel's, Phalen's, median nerve compression and tenderness to palpation. Negative tenderness at the first dorsal compartment and negative lift-off test were noted. Neurovascular status was noted as intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 997001, 97110, 97140) 3 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient has diagnoses of cervical and lumbar back strain, right shoulder strain, and right elbow lateral epicondylitis. Treating physician requests PT 3x6 for the neck, back, right shoulder, right elbow and bilateral hands. Patient has received recent course of therapy as indicated on PT progress report dated 03/05/2013. The number of therapy sessions received is unclear as it is not indicated in any of the reports provided for review. MTUS pages 98 and 99 recommends 8-10 sessions of therapy for myalgia/myositis type symptoms. The current request for 18 sessions exceeds what is recommended by MTUS guidelines. Recommendation is for denial

MRI of cervical (72141) & lumbar spine (72148): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303.

Decision rationale: The patient has diagnoses of cervical and lumbar back strain, right shoulder strain, and right elbow lateral epicondylitis. There is no documentation of radiating symptoms into arms or legs. Treating physician requests MRI studies of the cervical and lumbar spine as patient's pain has not improved over the past several months. ACOEM guidelines states: "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." (page 303). This patient does not present with "unequivocal objective findings" that would include neurologic changes, positive root tension signs with specific radicular symptoms. Recommendation is for denial.

EMG/NCS (95861) of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: The patient has diagnoses of cervical and lumbar back strain, right shoulder strain, and right elbow lateral epicondylitis. Treating physician requests electrodiagnostic testing

of bilateral upper extremities to rule out carpal tunnel syndrome versus radicular symptoms in the cervical spine. Utilization Reviewer (UR) denied said request stating "there were not unequivocal objective finding that identify specific nerve compromise on the neurologic examination." ACOEM guidelines page 262 has the following regarding EMG/NCV, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Given patient's subjective complaints and treating physician's objective findings, further examination with and EMG/NCS is warranted. Recommendation is for approval

Home TENS unit (E0730) one month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient has diagnoses of cervical and lumbar back strain, right shoulder strain, and right elbow lateral epicondylitis. Treating physician requests a one- month TENS for trial at home due to patient chronic pain with failed conservative management including Motrin and therapy. UR denied said request stating no evidence that other appropriate modalities have failed is documented. Per MTUS guidelines (pg 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and Multiple Sclerosis. Recommendation is for denial as this patient does not present with any of the diagnosis that MTUS allows for the trial of TENS unit.