

Case Number:	CM13-0025777		
Date Assigned:	11/20/2013	Date of Injury:	05/19/2013
Decision Date:	01/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology, has a subspecialty in Pain Medicine & 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 47-year-old female who reported an injury on 05/19/2013. The mechanism of injury was repetitive motions of her hands from using a deli slicer, which has exacerbated her symptoms of pain from the neck down to both upper extremities, with numbness and tingling in her hands and fingers. Prior treatment for this patient included x-rays, physical therapy, NSAIDs, muscle relaxers, and modification of activity. On 07/17/2013, the patient underwent an MRI of the left shoulder which showed minimal, early degenerative changes of the acromioclavicular joint, but was otherwise normal. The patient was diagnosed as having a shoulder sprain/strain. X-ray results, documented in the progress report dated 09/27/2013, demonstrated that the patient had no evidence of acute bony injuries or fractures in her right wrist. On 10/12/2013, the patient underwent a cervical spine MRI without contrast, which revealed: (1) at the C3-4 level, a 3 mm focal central protrusion which mildly flattens the anterior aspect of the cord but does not result in overall canal stenosis, in addition, mild 1 mm to 2 mm bulge of the remainder of the annulus extending into the neural foramen, right side greater than left, results in right greater than left foraminal stenosis; (2) at the C5-6 level, a 2 mm diffuse bulging of the annulus in combination with mild facet hypertrophy which mildly narrows the neural foramen, left side greater than right, in combination with moderate left facet hypertrophy, there is a 2 mm to 3 mm left greater than right asymmetric disc bulge which mildly flattens the anterior thecal sac without indenting the cord.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine w/o Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: Under the California MTUS and ACOEM, it states that MRIs are recommended for acute neck and upper back conditions when there are red flags for a fracture, or neurologic deficit associated with acute trauma, tumor, or infection. Under Official Disability Guidelines, repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology; for example: tumor, infection, fracture, neural compressions, and recurrent disc herniation. The patient has undergone one MRI on 10/12/2013, and as there are no further clinical documentations indicating the patient has had any significant changes in her pathology to warrant a second MRI. The requested service is not deemed medically necessary at this time. As such, it is non-certified.

EMG/NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 258-262 and 271-273.

Decision rationale: Under California ACOEM, it notes that appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies, or, in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in earlier mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. Under ACOEM, it also states that NCVs for median or ulnar impingement at the wrist after failure of conservative treatment may be warranted; however, the routine use of nerve conduction velocities (NCV) or (EMG) Electromyography in the diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. As noted in the documentation provided for review, the patient has already undergone an EMG of her upper extremities, performed on 10/04/2013. The results from that study noted that both upper extremities demonstrated no acute or chronic denervation. There was no evidence of pronator teres syndrome, ulnar neuropathy at the wrist or elbow, radial neuropathy, brachial plexopathy, or cervical radiculopathy bilaterally. In regards to these results and pertaining to the requested service, at this time an additional EMG/NCS is not considered medically necessary as there is no documentation of a significant change in the patient's pathology that would warrant a second electrodiagnostic study. As such, the requested service is non-certified.

P. T. 3 times a week for 6 weeks for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Under California MTUS Guidelines, it states that active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed to and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Under the physical medicine guidelines, physical therapy is allowed for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Patients are allowed 9 visits to 10 visits over 8 weeks for myalgia and myositis, unspecified, and 8 visits to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. For patients with reflex sympathetic dystrophy, they are allowed 24 visits over 16 weeks. The documentation stated that the patient has already undergone physical therapy, but only states that physical therapy notes were available from 08/02/2013. At the time of this review, there were no further documentations provided from any of the patient's physical therapy sessions. Furthermore, there are no objective measurements provided indicating the physical therapy had any form of positive efficacy on the patient's overall function and improvement. Without knowing how many sessions the patient has completed, it is unclear if the patient's new request would exceed the maximum allowance, per California MTUS guidelines for physical therapy. As such, the requested service is non-certified.