

Case Number:	CM13-0031246		
Date Assigned:	12/04/2013	Date of Injury:	06/05/2013
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/03/2013

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 has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas 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 61-year-old female who reported an injury on 06/05/2013. The patient is currently diagnosed with cervical spine herniated nucleus pulposus, internal derangement, and radiculopathy. The patient was recently seen by [REDACTED] on 10/18/2013. The patient reported 6/10 neck and bilateral shoulder, elbow, and wrist pain. Physical examination revealed positive dislocation, restricted range of motion, and palpable tenderness. Treatment recommendations were not provided. The patient was previously seen by [REDACTED] on 08/28/2013, where 6 sessions of chiropractic therapy, MRI studies, and an NCV/EMG of bilateral upper extremities was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART-D Neuromuscular stimulator: 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): 114-121.

Decision rationale: California MTUS Guidelines state neuromuscular electrical stimulation is not recommended. NMES is used primarily as part of a rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. As per the clinical notes submitted, the patient does not currently meet criteria for a neuromuscular electrical stimulator. There was also no evidence of a treatment plan including the short and long term goals of treatment with the unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, the patient's physical examination of the cervical spine on 08/28/2013 only revealed decreased range of motion. There was no evidence of a significant neurological deficit. There is also no evidence of plain films obtained prior to the request for an MRI. The medical necessity for the requested service has not been established. As such, the request is non-certified.

MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 207-208. Decision based on Non-MTUS Citation ODG-Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, there is no documentation of acute shoulder trauma with suspicion for rotator cuff tear or impingement, or suspicion for instability and labral tearing. There is also no evidence of plain films obtained prior to the request for an MRI. The patient's latest physical examination revealed normal range of motion of bilateral shoulders with tenderness to palpation and weakness in the deltoid and biceps on the right. Documentation of a significant neurological deficit was not provided. Based on the clinical information received, the request is non-certified.

MRI for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation ODG Guidelines Indications for Imaging-Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: California MTUS/ACOEM Practice Guidelines state imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. As per the clinical notes submitted, there were no plain films obtained prior to the request for an MRI. There is no indication of acute hand or wrist trauma. The patient's physical examination revealed 5/5 motor strength of bilateral wrists without evidence of neurological deficit. Medical necessity for the requested service has not been established. As such, the request is non-certified.

Transportation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments).

Decision rationale: Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to and from appointments in the same community for patients with disabilities preventing them from self-transport. As per the clinical notes submitted, there is no indication that this patient is unable to perform self-transport to and from appointments. The medical necessity for the requested service has not been established. As such, the request is non-certified.

Chiropractic sessions times six (6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173. Decision based on Non-MTUS Citation ODG-Shoulder Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. Treatment for the forearm, wrist, and hand is not recommended. As per the clinical documentation

submitted on 08/28/2013, the treatment plan included a request for authorization for 6 sessions of chiropractic therapy. However, the body parts to be treated have not been specified. Without further documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.