

Case Number:	CM13-0039387		
Date Assigned:	12/18/2013	Date of Injury:	11/28/2010
Decision Date:	02/14/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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:

This is a female patient with a date of injury of 11/28/10. A utilization review determination dated 9/27/13 recommends non-certification of open Magnetic Resonance Imaging (MRI) of the cervical spine; open Magnetic Resonance Imaging (MRI) of the right shoulder; open Magnetic Resonance Imaging (MRI) of the left wrist; MR arthrogram of the left shoulder; Electromyogram (EMG) and Nerve Conduction Studies of the BUE; Electromyogram (EMG) and Nerve Conduction Studies of the BLE; physical therapy for the neck, low back, bilateral shoulder, and left wrist; acupuncture two times six for pain; ortho consult; and pain management consult. A progress report dated 8/8/13 identifies a history including treatment with medication, physical therapy, and unspecified durable medical equipment. Subjective references include neck pain into the BUE with numbness and tingling 6/10, bilateral shoulder pain 7/10, bilateral elbow pain 7/10, left wrist pain with radiation into the hands and fingers with numbness and tingling 5/10, mid back pain 5/10, and low back pain radiating into the bilateral lower extremities with intermittent numbness and tingling 5/10. She also indicates stress, anxiety, and insomnia brought on by the chronic pain, physical limitations, inability to work, and uncertain future since she was injured at work. Objective examination findings identify cervical spine limited range of motion and tenderness with positive cervical compression test and shoulder depression test, thoracic spine tenderness and limited range of motion, shoulder tenderness with limited range of motion an positive Apley's scratch test, Kennedy Hawkins' test, and Neer's test bilaterally, elbow tenderness at the medial and lateral epicondyle and over the wrist flexors and extensors bilaterally with positive Cozen's test and Mill's test positive on the left, tenderness over the carpal bones on the left, limited left wrist range of motion, positive Phalen's test and Tinel's test on the left, normal upper

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Magnetic Resonance Imaging of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Section: Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for open magnetic resonance imaging (MRI) of the cervical spine, it is noted that the patient underwent cervical spine Magnetic resonance imaging on 2/24/12. California Medical Treatment Utilization Schedule (MTUS) does not address repeat magnetic resonance imaging (MRI), but Official Disability Guidelines (ODG) notes that "Repeat Magnetic resonance imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Within the documentation available for review, there is no documentation of a significant change in symptoms and/or findings supportive of the need for a repeat Magnetic Resonance Imaging (MRI). In the absence of such documentation, the currently requested open Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary.

Open Magnetic Resonance Imaging of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Regarding the request for open Magnetic Resonance Imaging (MRI) of the right shoulder, California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) support imaging when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Within the documentation available for review, there is no indication that surgery is being considered for this shoulder and a separate request for orthopedic surgery consultation has been determined to be medically necessary, which should serve to evaluate the shoulder and make recommendations regarding the need for additional diagnostics and/or treatment. In light of the above issues, the currently requested open MRI of the right shoulder is not medically necessary.

Open Magnetic Resonance Imaging of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Regarding the request for open Magnetic Resonance Imaging (MRI) of the left wrist, California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) cite that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Within the documentation available for review, there are wrist symptoms/findings suggestive only of carpal tunnel syndrome, which does not typically require an MRI for evaluation. In light of the above issues, the currently requested open Magnetic Resonance Imaging (MRI) of the left wrist is not medically necessary.

MR arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MR arthrogram

Decision rationale: Regarding the request for MR arthrogram of the left shoulder, California Medical Treatment Utilization Schedule (MTUS) does not specifically address MR arthrogram. Official Disability Guidelines (ODG) cites that it is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. Within the documentation available for review, there is no documentation of symptoms/findings consistent with a labral tear or a suspicion for this diagnosis. Additionally, an MR arthrogram was performed on 10/26/12 and there is no documentation of significant worsening to support repeating the same procedure. In light of the above issues, the currently requested MR arthrogram of the left shoulder is not medically necessary.

Electromyogram (EMG) and Nerve Conduction Studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the request for Electromyogram (EMG) and Nerve Conduction Studies of the bilateral lower extremities, California Medical Treatment Utilization Schedule (MTUS) notes that Electromyogram (EMG) is useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. California Medical Treatment Utilization Schedule (MTUS) does not specifically address Nerve

Conduction Studies, but ODG notes that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the provider notes that the purpose of this testing is to evaluate for radiculopathy. There are only minimal findings suggestive of lumbar radiculopathy with slightly diminished sensation over the L4, L5, and S1 dermatomes bilaterally. Additionally, consultation with orthopedics has been determined as medically necessary, and that consultation may better identify the need for additional diagnostic testing. Furthermore, there is no indication for Nerve Conduction Studies when a patient is presumed to have radiculopathy rather than peripheral neuropathy. In light of the above issues, the currently requested Electromyogram (EMG) and Nerve Conduction Studies of the bilateral lower extremities is not medically necessary.

Electromyogram (EMG) and Nerve Conduction Studies of the bilateral upper extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,182.

Decision rationale: Regarding the request for Electromyogram (EMG) and Nerve Conduction Studies of the bilateral upper extremities, California Medical Treatment Utilization Schedule (MTUS) notes that Electromyogram (EMG) is useful to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the provider notes that the purpose of this testing is to evaluate for radiculopathy. The findings are not suggestive of radiculopathy, but there are multiple findings suggestive of carpal tunnel syndrome. The results of this study should help the orthopedic surgeon with the evaluation of the upper extremities. In light of the above, the currently requested Electromyogram (EMG) and Nerve Conduction Studies of the bilateral upper extremities is medically necessary.

Multi-modality physical therapy program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: Regarding the request for a multi-modality physical therapy program, it is noted that the patient has completed an extensive amount of prior physical therapy. California Medical Treatment Utilization Schedule (MTUS) cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no clear documentation of objective improvement with previous therapy and functional deficits that

cannot be addressed within the context of an independent home exercise program, yet expected to improve with formal supervised therapy. In light of the above issues, the currently requested multi-modality physical therapy program is not medically necessary.

Acupuncture two times six: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for additional acupuncture two times six, it is noted that the patient has completed acupuncture in the past. California Medical Treatment Utilization Schedule (MTUS) supports a trial of 3-6 acupuncture sessions, with additional sessions supported only in the presence of functional improvement, defined as "either a clinically significant improvement in activities of daily living or a reduction in work restriction and a reduction in the dependency on continued medical treatment." Within the documentation available for review, there is no clear evidence of functional improvement with previous acupuncture. In light of the above issues, the currently requested additional acupuncture two times six is not medically necessary.

Ortho surgical consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, pg. 127.

Decision rationale: Regarding the request for ortho surgical consult, California Medical Treatment Utilization Schedule (MTUS) does not address this issue. American College of Occupational and Environmental Medicine (ACOEM) supports consultation "if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Within the documentation available for review, there is documentation of multiple positive orthopedic findings (some of which appear to be chronic while others appear to be recent) that warrant further evaluation and possibly specialized treatment outside of the scope of practice of the provider, who is a chiropractor. In light of the above issues, the currently requested ortho surgical consult is medically necessary.

. Pain management consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, pg. 127.

Decision rationale: Regarding the request for pain management consult, California Medical Treatment Utilization Schedule (MTUS) does not address this issue. American College of Occupational and Environmental Medicine (ACOEM) supports consultation "if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Within the documentation available for review, there is documentation that the purpose of the consultation is for consideration of epidural steroid injections. However, the presence of radiculopathy has not been clearly established and the patient will be seeing orthopedics for a consultation, the results of which should identify the need for additional diagnostic studies should radiculopathy be a likely possibility, and these would be needed prior to a pain management consultation for consideration of epidural steroid injections. In light of the above issues, the currently requested pain management consult is not medically necessary.