

<b>Case Number:</b>	CM13-0039796		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Illinois. 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 41-year-old male who reported a work-related injury on 05/16/2012 as the result of a fall. Subsequently, the patient presented for treatment of the following diagnoses: posttraumatic headache, cervical musculoligamentous injury, cervical radiculopathy, right shoulder impingement syndrome, right shoulder myoligamentous injury, right carpal tunnel syndrome, right wrist sprain/strain, sleep disturbance, anxiety, and depression. The clinical note dated 09/20/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient was recommended to consult with a different provider for his cervical epidural steroid injection. A request for a sleep study was rendered as well as a request for a PRP injection for the right shoulder, right elbow, and right wrist. The provider documented that upon physical exam of the patient, the patient reported radiation of pain from the cervical spine to the hand with numbness. The patient reported complaints of loss of sleep secondary to pain. The provider documented +3 tenderness to palpation of the cervical and thoracic paravertebral muscles, anterior shoulder, posterior right shoulder, lateral epicondyle, and posterior elbow on the right. The provider documented that the patient underwent a CT scan of the brain/head, which was unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**sleep study with hi-tech diagnostics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested diagnostic study at this point in the patient's treatment. The California MTUS/ACOEM do not specifically address the requested intervention. However, the Official Disability Guidelines indicate that criteria for sleep studies include evidence of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, insomniac complaint for at least 6 months at least 4 nights of the week. The clinical notes failed to evidence the above criteria. Given the above, the request for a sleep study with "hi-tech" diagnostics is neither medically necessary nor appropriate.

**Platelet-rich plasma injection to the right shoulder, right elbow and wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reported that the patient presented with multiple bodily injury pain complaints status post a work-related fall with injury sustained in 05/2012. The patient was returned to full duties as of 09/20/2013. The patient presented with complaints of significant tenderness about the right wrist and elbow. The California MTUS/ACOEM do not specifically address the current request. The Official Disability Guidelines indicate that this intervention is under study for the elbow and not recognized for administration in the wrist and not recommended for the shoulder. Given the lack of documentation of the patient's course of supervised therapeutic interventions for the shoulder, wrist or elbow and documentation of the patient's current medication regimen, the current request cannot be supported. As such, the request for a platelet rich plasma injection to the right shoulder, right elbow and wrist is neither medically necessary nor appropriate.

**Consult with Dr. Williams for cervical epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence that the patient presents with objective findings of radiculopathic symptoms. The provider did not document that the patient had presented with any motor or

neurological deficits upon physical exam of the patient. The clinical notes failed to document that the patient had undergone MR imaging of the cervical spine to support objective findings of radiculopathy. The California MTUS indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore, given all of the above, the request for a decision for a consult with [REDACTED] for a cervical epidural steroid injection would not be indicated as the patient does not objectively present with radiculopathic symptoms. Given all of the above, the request for a consult with [REDACTED] [REDACTED] for a cervical epidural steroid injection is neither medically necessary nor appropriate.