

Case Number:	CM13-0041642		
Date Assigned:	12/20/2013	Date of Injury:	03/05/2013
Decision Date:	07/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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 expert 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 injured worker is a 61-year-old male, who was reportedly injured on 3/5/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 10/24/2013, indicated that there were ongoing complaints of left shoulder and bilateral wrist pains. The physical examination demonstrated mild pain in acromioclavicular joint with cross-arm testing and direct palpation, positive subacromial bursitis and positive impingement in the left shoulder. The muscle strength was 4+/5. In the left wrist, there was a mildly positive Phalen's test, a mildly positive Tinnel's test, and a mildly positive carpal compression test. The grip strength was 4/5. There was tender to palpation over the triangular fibrocartilage complex (TFCC) joint. The right wrist had a grip strength of 4/5, and positive tenderness over the TFCC joint. The diagnostic imaging studies included left shoulder x-rays on 7/29/2013 demonstrating moderate acromioclavicular (AC) joint degenerative joint disease. An x-ray of the bilateral wrists was taken the same day, which demonstrated left radial shortening, with a prominent ulna. The magnetic resonance images (MRIs) of bilateral wrists and left shoulder, performed on 9/30/2013, were mentioned in this note, but official radiological report was not available for review. Also mentioned was an electromyogram/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities performed on 9/11/2013. The official report was not available for review today. The previous treatment included physical therapy, left shoulder injection, and a thumb Spica splint. A request had been made for an EMG of the bilateral upper extremities, single positional MRI of the cervical spine, eight (8) sessions of chiropractic care with physiotherapy for the cervical spine and bilateral shoulders, follow-up appointment in 4 weeks and single positional MRI of the brain and was not certified in the pre-authorization process on 10/7/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) electromyography (EMG) of the bilateral upper extremities: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three (3) or four (4) weeks. Based on the clinical documentation provided, it appeared the injured worker did receive an EMG/nerve conduction study on 9/11/2013, and there was no documentation identifying the need for an additional study of the upper extremities. Therefore, this request is deemed not medically necessary.

One (1) single positional MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a magnetic resonance image (MRI) is recommended for patients with subacute or chronic radicular pain syndromes lasting at least four to six (4 to 6) weeks and in whom the dermatomal and myotomal symptoms are not trending towards improvement (if either injection is being considered or is considering surgical treatment if supportive findings on MRI are found). After reviewing the medical documentation, there was no identifiable medical documentation of subjective complaints of the cervical spine or objective clinical findings in the physical exam warranting the request for this diagnostic study. The electromyogram results also stated that there was no electrodiagnostic evidence of cervical radiculopathy affecting the upper extremities. Therefore, the request for this diagnostic study is deemed not medically necessary.

Eight (8) sessions of chiropractic care with physiotherapy for the cervical spine and bilateral shoulders: 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 Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Guidelines support the use of manual therapy and manipulation (chiropractic care) for chronic pain caused by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. After review of the available medical records, there appeared to be documentation of eight (8) visits for chiropractic care. There was no identifiable additional objective clinical findings or other circumstances that would require the authorization of an additional eight (8) chiropractic visits. Therefore, the recommendation is deemed not medically necessary.

One (1) follow-up appointment in four (4) weeks: 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), ODG Treatment, Integrated Treatment/Disability Duration Guidelines Pain (Chronic), updated 05/15/14.

Decision rationale: The Official Disability Guidelines support additional office visits when it is recommended to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. After review of the medical documentation provided, there was no determination as to what service was being requested for this follow-up. This request is not medically necessary at this time.

One (1) single positional MRI of the brain: 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), Head (trauma, headaches, etc., not including stress & mental disorders) (updated 06/09/14).

Decision rationale: Magnetic Resonance Image (MRI) is recommended as a well established brain imaging study. The Official Disability Guidelines support the use of the study to be used in patients who meet the certain criteria. The indications for use are to determine neurological deficits not explained by computed tomography (CT), to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. After reviewing the medical records of the injured worker, there was no identifiable clinical objective documentation meeting the criteria associated with the request for an MRI of the brain. Therefore, this request is deemed not medically necessary.