

Case Number:	CM13-0045586		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2013
Decision Date:	03/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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 female who reported an injury on 06/04/2013 after she emptied a trash receptacle, which caused pain to her right-sided neck, shoulder, elbow, and wrist. The patient's treatment history has included physical therapy, chiropractic care, and medications. The patient underwent an MRI that showed mild to moderate supra and infraspinatus tendinosis with no obvious tears. The patient underwent a cervical MRI that revealed multi-level disc bulging without evidence of cord compression or compromise. The patient also underwent an electrodiagnostic study in October of 2013 that revealed the patient had C-5 radiculopathy and evidence of carpal tunnel syndrome. The patient's most recent physical examination findings of the neck revealed positive facet loading maneuvers of the cervical spine and palpable trigger points in the cervical region. Examination of the shoulder revealed mild tenderness to palpation posteriorly along the acromioclavicular joint with painful internal rotation. Examination of the elbow revealed limited range of motion secondary to pain and a positive Tinel's sign on the right. The patient's diagnoses included shoulder pain, cervicalgia, elbow pain, wrist pain, rotator cuff syndrome, lateral epicondylitis, wrist pain, myofascial pain, sleep disturbance, carpal tunnel syndrome, and cervical radiculopathy. The patient's treatment plan included additional chiropractic care, continued use of medications, and continued use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right shoulder and neck: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy for the right shoulder/neck is not medically necessary or appropriate. The MTUS Guidelines recommend continued physical therapy be based on objective functional improvement and pain relief. The clinical documentation submitted for review provides evidence that the employee previously participated in physical therapy without significant functional benefit. Therefore, additional physical therapy would not be indicated. As such, the requested right shoulder and neck physical therapy is not medically necessary or appropriate.

Cervical epidural steroid injection (ESI) at C7-C8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested cervical epidural steroid injection at C7-8 level is not medically necessary or appropriate. The MTUS Guidelines recommend the use of epidural steroid injections for patients who have physical findings that support radiculopathy that are corroborated by an imaging and/or an electrodiagnostic study that has failed to respond to conservative measures. The clinical documentation submitted for review does provide evidence that the employee has ongoing radicular pain complaints of the cervical spine. Upon examination, the employee does have evidence of decreased reflexes of the right triceps and disturbed sensation to the right index and middle finger which do support C7 radiculopathy. However, the imaging study provided for review from 08/2013 revealed a 2 mm disc bulge from the C7 to the T1 without any contact with the spinal cord and no evidence of central canal stenosis or cord compression. Additionally, the employee underwent an electrodiagnostic study in 10/2013 that revealed C5 radiculopathy. There was no evidence of C7-8 radiculopathy. As there is no imaging evidence or electrodiagnostic evidence to support the examination findings, a cervical epidural steroid injection at the C7-8 level would not be supported. As such, the requested cervical ESI at C7-C8 is not medically necessary or appropriate.

Electromyography (EMG) of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested EMG of the right upper extremity is not medically necessary or appropriate. The ACOEM Guidelines recommend electrodiagnostic studies to assist in determining cause of neurological deficits. The clinical documentation submitted for review does indicate that the employee underwent a right sided EMG in 10/2013 that revealed the employee had carpal tunnel syndrome and C5 radiculopathy. The employee has not had a significant change in clinical presentation to support the need for an additional electrodiagnostic study. As such, the requested EMG of the right upper extremity is not medically necessary or appropriate.

Nerve conduction study (NCS) of the right upper extremity:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested NCS of the right upper extremity is not medically necessary or appropriate. The ACOEM Guidelines recommend electrodiagnostic studies to assist in determining cause of neurological deficits. The clinical documentation submitted for review does indicate that the employee underwent a right sided EMG in 10/2013 that revealed the employee had carpal tunnel syndrome and C5 radiculopathy. The employee has not had a significant change in clinical presentation to support the need for an additional electrodiagnostic study. As such, the requested NCS of the right upper extremity is not medically necessary or appropriate.