

Case Number:	CM13-0056433		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2010
Decision Date:	04/02/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 50-year-old female who reported an injury on 02/05/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with right shoulder sprain, left shoulder sprain, right elbow sprain, left elbow sprain, bilateral hand sprain, carpal tunnel syndrome, and history of wrist sprain. The patient was seen by [REDACTED] on 11/08/2013. The patient reported ongoing shoulder pain and numbness to bilateral arms and hands. The physical examination revealed tenderness to palpation of the bilateral shoulders with muscle spasm, reduced range of motion, and positive impingement testing bilaterally. The treatment recommendations included continuation of physical therapy 2 to 3 times per week for 6 weeks, an EMG/NCV study of the bilateral upper extremities, an MRI of the bilateral shoulders, and a TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of 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): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation of bilateral shoulders with muscle spasm, decreased range of motion, and positive impingement testing. There is no documentation of a significant neurologic deficit. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

Nerve conduction study 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): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation of bilateral shoulders with muscle spasm, decreased range of motion, and positive impingement testing. There is no documentation of a significant neurologic deficit. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

Physiotherapy two times a week for three weeks for 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 Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the patient has participated in an extensive amount of physical therapy to date. Despite ongoing therapy, the patient continues to report persistent symptoms. The patient's physical examination continues to reveal tenderness to palpation, spasm, decreased range of motion, and positive impingement testing. Based on the clinical information received, the request is non-certified.

TENS unit: 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 Transcutaneous Electrotherapy Section Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electro therapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. There is no documentation of a failure to respond to other appropriate pain modalities. There is also no evidence of a successful 1 month trial period with a TENS unit prior to the request for a purchase. A treatment plan including the specific short and long-term goals of treatment with the TENS unit was not submitted. Based on the clinical information received, the request is non-certified.

Home shoulder exercise kit: 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, Home Exercise Kits

Decision rationale: Official Disability Guidelines state home exercise kits are recommended as an option where home exercise programs are recommended. As per the documentation submitted, the patient has participated in an extensive amount of physical therapy to date. The patient should be well versed in a home exercise program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

Cyclobenzaprine 7.5mg: 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 Muscle Relaxants Section Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing treatment, the patient continues to demonstrate palpable muscle spasm. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Naproxen Sodium 550mg: 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 NSAIDs Section Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, there is no evidence of a failure to respond to first line treatment with acetaminophen, as recommended by California MTUS Guidelines. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. Based on the clinical information received, the request is non-certified.

Tramadol 150mg: 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 Opioids Section Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified

Omeprazole 20mg: 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 NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.