MAXIMUS Federal Services

Case Number:	CM13-0064843		
Date Assigned:	01/03/2014	Date of Injury:	03/27/2007
Decision Date:	05/02/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 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 applicant is represented [redacted] employee who has filed a claim for chronic neck, shoulder, elbow, wrist, and low back pain reportedly associated with an industrial injury of March 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 25, 2013, the claims administrator denied a request for x-ray and MRI imaging studies of various body parts, electrodiagnostic testing, physical therapy, and extracorporeal shockwave therapy. The claims administrator did not cite any guidelines, but stated that it chose to employ non-MTUS ODG Guidelines in favor of MTUS references, none of which appeared in the body of the report, it is incidentally noted. The applicant's attorney subsequently appealed. An earlier note of November 1, 2013 is highly templated, difficult to follow, notable for ongoing complaints of multifocal 8/10 pain about the wrist, shoulder, neck, elbow, low back, and right knee. The applicant has paresthesias about the hand, status post carpal tunnel release surgery. Motor strength is slightly decreased about the knee. The applicant has a positive Tinel sign about the bilateral wrist with slightly diminished sensorium and slightly diminished strength. The applicant is asked to obtain x-rays of all the body parts in question, obtain MRI imaging studies of all the body parts in question, and obtain electrodiagnostic testing, physical therapy, and extracorporeal shockwave therapy while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of cervical spine, right shoulder, right elbow, right wrist, left wrist, lumbar 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, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309, 272, 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, Chapter 9, Table 9-6, Chapter 11, Table 11-7, and the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, routine usage of x-rays to evaluate pain in various body parts is "not recommended." In this case, the attending provider has not clearly stated why plain film imaging studies of numerous body parts are needed or indicated here. There is no evidence of any red flag diagnosis such as a fracture suspected here for which plain film radiography of seven different body parts is needed. Again, ACOEM argues against routine usage of x-rays to evaluate pain in various body parts. Therefore, the request is not certified, on independent medical review.

MRI of cervical spine, right shoulder, right elbow, right wrist, left wrist, lumbar 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 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 214, 182, 269, 303, 42.

Decision rationale: As noted in the 2007 ACOEM Elbow Chapter, Table 4, page 42, MRI imaging for suspected epicondylalgia is "recommended against." In this case, no clear diagnosis or differential diagnosis has been proffered by the attending provider. It is not clearly stated why MRI imaging of the body parts in question is being sought. It is further noted that the MTUS Guideline in ACOEM Chapter 12, page 303, notes that "unequivocal evidence" of nerve root compromise is enough to warrant imaging studies. In this case, however, there is no clear evidence of neurologic compromise pertaining to the lower extremities. There is no evidence that the applicant would consider surgical remedy in sofar as the lumbar spine is concerned. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, notes that MRI and/or CT imaging studies are recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, as with lumbar spine, there is no evidence that the applicant is actively contemplating a surgical remedy, in so far as the cervical spine is concerned. There is no clear evidence of neurologic compromise pertaining to the cervical spine and/or upper extremities. Therefore, the proposed MRIs of the elbow, cervical spine, and lumbar spine are all not certified. The proposed

MRI imaging studies of the bilateral wrists are also not medically necessary, medically appropriate, or indicated here. In this case, the attending provider states that he suspected diagnosis of carpal tunnel syndrome. However, as noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-6, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. MRI imaging is not strongly endorsed for the suspected diagnosis in question here. Therefore, the wrist MRIs are not certified, on independent medical review. Finally, the proposed shoulder MRI is also not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, does note that MRI imaging for the preoperative evaluation of rotator cuff tears is "recommended," in this case, however, there is no clearly voiced suspicion of a rotator cuff tear for which MRI imaging would be indicated. The applicant does not appear to be a surgical candidate insofar as the shoulder is concerned, particularly in light of the multiplicity of symptoms as are present here. Therefore, the proposed shoulder MRI is not certified.

EMG/nerve conduction study of upper extremities or lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261, 309.

Decision rationale: In this case, the applicant does carry a diagnosis of carpal tunnel syndrome, previously operated upon. The applicant now has residual symptoms of upper extremity pain and paresthesias. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic testing may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, there is some suspicion of cervical radiculopathy superimposed on issues with suspected carpal tunnel syndrome. Electrodiagnostic testing of the upper extremity to help clarify the suspected diagnosis is indicated and appropriate. Therefore, the electrodiagnostic testing of the upper extremities is certified. Similarly, the proposed electrodiagnostic testing of the lower extremities is also medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing to clarify a diagnosis of suspected nerve root dysfunction is "recommended." In this the case, the applicant reports heightened low back pain with some radiation to the bilateral lower extremities. The applicant is described as having burning and radicular pain. Electrodiagnostic testing to help establish the diagnosis of lumbar radiculopathy is indicated and appropriate. Therefore, the electrodiagnostic testing of the lower extremities is likewise certified, on independent medical review.

Physical therapy, unspecified duration or frequency: 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 Page(s): 8.

Decision rationale: As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program so as justify continued ongoing treatment. In this case, however, the applicant has had prior unspecified amounts of physical therapy over the life of the claim. There has no been demonstration of functional improvement following completion of the same. The applicant remains off of work on total temporary disability. The applicant remains highly reliant on various medications, compounds, diagnostic testing, etc. All of the above, taken together imply the lack of functional improvement as defined in MTUS 9792.20f despite prior unspecified amounts of physical therapy. Therefore, the request for additional physical therapy is not certified, on independent medical review.

Shockwave therapy, unspecified number of sessions or body part: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 203, 376, 29. Decision based on Non-MTUS Citation ACOEM, 3rd Edition, Knee Chapter

Decision rationale: It is not clear which body part or body parts the attending provider is seeking extracorporeal shockwave therapy for. The applicant does report elbow complaints. As noted in the 2007 ACOEM Elbow Chapter, page 29, extracorporal shockwave therapy is "strongly recommended against." The ACOEM Foot and Ankle Chapter, page 376, notes that extracorporeal shockwave therapy for plantar fasciitis is "optional." In this case, however, it is not clearly stated that the applicant caries a diagnosis of plantar fasciitis for which shockwave therapy might be considered. Finally, the ACOEM Shoulder Chapter, Chapter 9, page 203, notes that medium quality evidence does support extracorporeal shockwave therapy for the specific diagnosis of calcifying tendonitis of the shoulder. In this case, however, there is no clear radiographic evidence of calcifying tendonitis of the shoulder for which extracorporeal shockwave therapy might be indicated. Finally, the 3rd Edition ACOEM Guidelines note that, "for most part body parts," there is evidence that extracorporeal shockwave therapy is not effective. Therefore, the request is not certified both owing to the imprecise nature of the request as well as owing to the unfavorable ACOEM recommendations.