

Case Number:	CM13-0065915		
Date Assigned:	07/02/2014	Date of Injury:	11/10/2012
Decision Date:	07/31/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal 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:

Patient was examined on November 15, 2013 by orthopedic surgeon [REDACTED] MD, who produced an orthopedic evaluation report. The only medical records received for this case was a two-page Doctor's First Report from [REDACTED] Medicine dated November 14, 2013. History of injury: On November 10, 2012, patient was working at the top of a light pole. The pole snapped and he fell to the ground, landing on his left side. He had pain in the left shoulder and left hip. He was transported to a nearby hospital, where he underwent complete imaging, which revealed a fractured scapula and five fractured ribs. An orthopedic consultation was arranged with [REDACTED], who did more imaging and recommended physical therapy. The patient estimates that he had 22 sessions of physical therapy at on the left shoulder, long finger, and hip. At some point, he had MRI's of the shoulder, left arm, back, and hip. Present complaints: Patient complains of pain at the left shoulder and hip. He has pain at the left long finger and along the metacarpophalangeal joints of all five fingers, especially with grasping or gripping. Physical examination: Gross visual inspection reveals no obvious deformity in the general physical appearance of the upper extremities. The patient is noted to rise from a chair in the waiting room and ambulate to the examination room with a nonantalgic gait. The patient ambulates without antalgia. Evaluation of the Cervical Spine: Inspection of the cervical spine reveals no gross malalignment, swelling or masses. Range of motion of the cervical spine is within normal limits in all planes. There is mild tenderness on palpation of the paracervicals and the greater occiput bilaterally. Evaluation of the Shoulders: Inspection of the shoulders reveals no gross malalignment, swelling or masses. Range of motion is within normal limits in all planes bilaterally. Left shoulder Abduction 180, Flexion 180, internal rotation 90, External rotation 60. Left shoulder tenderness, Impingement sign positive, Cross arm test positive. Evaluation of the Lumbar Spine: Inspection of the lumbar spine reveals moderate to severe spasm and tenderness.

There is a straightening of the normal lumbar lordosis. There are no signs of scoliosis. Range of motion is as follows: Flexion 60, Extension 20, Lateral bending Right 25 Left 20, Rotation Right 25 Left 20. Tenderness of Paralumbar musculature, Lumbosacral joints, Sacroiliac joints. Straight leg raise negative bilaterally. Patellar tendon reflexes 2+ bilaterally. Achilles tendon reflexes 2+ bilaterally. Resisted strength testing 5/5 bilaterally. Motor strength was 5/5 bilaterally with Hip flexion, Hip extension, Hip adduction, Hip abduction, Knee flexion, Knee extension, Ankle dorsiflexion, Ankle plantar flexion, Great toe flexion, Great toe extension. Examination of the Hips: Inspection of the hips reveals some swelling at the left lateral hip with moderate tenderness. Range of motion is within normal limits on the right and external rotation and internal rotation are moderately decreased on the left with pain. Range of motion Left Hip Abduction 50, Adduction 35, Flexion 110, Extension 30, internal rotation 25, External rotation 35. Diagnostics: MRI results revealed were unavailable for review. X-rays undertaken today in our office reveal significant acromioclavicular joint arthrosis with signs of traumatic injury. There is a Type II acromion with minimal spurring. Impression: Patient continues to have symptoms consistent with s/p left rib fractures; left shoulder AC arthrosis r/o left shoulder labral pathology, left hip strain, contusions r/o tendinopathy; left long finger tenosynovitis. If previous studies are unavailable for review, further diagnostic testing needs to be undertaken in this case in order to develop a definitive diagnosis and treatment plan. Towards that end, we are recommending: MRI of the left shoulder and left hip to rule-out arthropathy vs. tendinopathy. EMG of the bilateral lower extremities to rule-out radiculopathy vs. plexopathy or metabolic neuropathy. Diagnoses: S/P left rib fractures. Left shoulder acromioclavicular joint arthrosis. R/o left shoulder labral pathology. Left hip strain, contusions, r/o tendinopathy. Left long finger tenosynovitis. Treatment plan: The patient has previously had an estimated 22 sessions of physical therapy. Improvement was slow. Acupuncture has not previously been undertaken in this case. It should be acknowledged that despite more than three months of conservative care, including physical therapy, medications, and TENS, the patient's condition - particularly with regard to pain - has failed to improve as expected. MRI of the left shoulder and left hip to rule-out arthropathy vs. tendinopathy. EMG of the bilateral lower extremities to rule-out radiculopathy vs. plexopathy or metabolic neuropathy. MRI Shoulder Left was performed 01-14-2013. Findings: Tendinopathy of the subscapularis and supraspinatus. No definite tears. The infraspinatus and teres minor are unremarkable. The biceps tendon remains within the bicipital groove. Small amount of fluid is seen tracking along the tendon sheath. Subchondral cystic changes involving the glenoid degeneration of the labrum no tear. Osteophyte changes and edematous hypertrophy the acromioclavicular joint. There is mild narrowing of the rotator cuff with. Type I acromion is identified. Trace amount of subdeltoid bursal fluid is seen. Impression: 1. Tendinopathy of the subscapularis and supraspinatus. 2. Degenerative changes of the acromioclavicular joint with ligamentous hypertrophy. Mild narrowing of the rotator cuff outlet Correlate for any impingement. 3. Subchondral cystic degenerative changes of the inferior glenoid. Utilization review decision date was 12-02-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER: 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 Page(s): 212-214.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints, Table 9-6 Summary of Recommendations for Evaluating and Managing Shoulder Complaints (Page 212-214) Recommended MRI for preoperative evaluation of partial- thickness or large full- thickness rotator cuff tears. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) states: Repeat MRI is not routinely recommended. Orthopedic evaluation report 11-15-2013 documented physical examination of the shoulders: Inspection of the shoulders reveals no gross malalignment, swelling or masses. Range of motion is within normal limits in all planes bilaterally. Left shoulder Abduction 180, Flexion 180, internal rotation 90, External rotation 60. Previous studies were unavailable for review on 11-15-2013 by the physician. MRI Shoulder Left was performed 01-14-2013. Findings: Tendinopathy of the subscapularis and supraspinatus. No definite tears. The infraspinatus and teres minor are unremarkable. The biceps tendon remains within the bicipital groove. Small amount of fluid is seen tracking along the tendon sheath. Subchondral cystic changes involving the glenoid degeneration of the labrum no tear. Osteophyte changes and edematous hypertrophy the acromioclavicular joint. There is mild narrowing of the rotator cuff with. Type I acromion is identified. Trace amount of subdeltoid bursal fluid is seen. Impression: 1. Tendinopathy of the subscapularis and supraspinatus. 2. Degenerative changes of the acromioclavicular joint with ligamentous hypertrophy. Mild narrowing of the rotator cuff outlet Correlate for any impingement. 3. Subchondral cystic degenerative changes of the inferior glenoid. MTUS guidelines recommend MRI for rotator cuff tears. MRI of left shoulder 01-14-2013 reported no tears. ODG guidelines do not recommend repeat MRI. MTUS and ODG guidelines do not support the medical necessity of a second MRI of the left shoulder. MRI was previously performed 01-14-2013. Physical examination 11-15-2013 documented that the left shoulder range of motion is within normal limits. Therefore, the request for MRI of the left shoulder is not medically necessary.

MRI OF THE LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) MRI (magnetic resonance imaging) Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. (Koo, 1995) (Coombs, 1994) (Cherian, 2003) (Radke, 2003) MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. (American, 2003) (Chana, 2005) (Brigham, 2003) (Stevens, 2003) (Colorado, 2001) (Wild, 2002) (Verhaegen, 1999) (Scheiber, 1999) (Helenius, 2006) (Sakai, 2008) (Leunig, 2004) (Armfield,

2006) (Bredella, 2005) MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. (Cannon, 2009) (Nelson, 2005) This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. (Kirby, 2010) Indications for imaging -- Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities Osteonecrosis Occult acute and stress fracture Acute and chronic soft-tissue injuries Tumors Exceptions for MRI Suspected osteoid osteoma (See CT) Labral tears (use MR arthrography).

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Hip MRI. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) states: MRI may be employed following plain films. MRI may be the modality for the next step after plain radiographs. Orthopedic evaluation report 11-15-2013 documented physical examination: Gross visual inspection reveals no obvious deformity in the general physical appearance of the upper extremities. The patient is noted to rise from a chair in the waiting room and ambulate to the examination room with a nonantalgic gait. The patient ambulates without antalgia. Examination of the Hips: Inspection of the hips reveals some swelling at the left lateral hip with moderate tenderness. Range of motion is within normal limits on the right and external rotation and internal rotation are moderately decreased on the left with pain. Range of motion Left Hip Abduction 50, Adduction 35, Flexion 110, Extension 30, internal rotation 25, External rotation 35. Evaluation of the Lumbar Spine: Range of motion is as follows: Flexion 60, Extension 20, Lateral bending Right 25 Left 20, Rotation Right 25 Left 20. Resisted strength testing 5/5 bilaterally. Motor strength was 5/5 bilaterally with Hip flexion, Hip extension, Hip adduction, Hip abduction, Knee flexion, Knee extension, Ankle dorsiflexion, Ankle plantar flexion, Great toe flexion, Great toe extension. Physician reported that the patient previously had MRI of the hip. Previous studies were unavailable for review on 11-15-2013 by the physician. ODG guidelines states that MRI of hip may be considered following (after) plain film radiography. No plain films of hip were documented. Orthopedic evaluation report 11-15-2013 stated that the patient already had hip MRI in the past, but the hip MRI result was not available for review at that time. Physical examination 11-15-2013 documented normal gait and normal hip motor strength. Range of motion of left hip demonstrated abduction 50, adduction 35, flexion 110, extension 30, internal rotation 25, and external rotation 35. Physical examination findings do not support the medical necessity of repeat Hip MRI. Therefore, the request for MRI of the left hip is not medically necessary.

EMG OF THE BILATERAL LOWER 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 12 Low Back Complaints Page(s): 303.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 303) states: Electromyography (EMG) may be useful to identify subtle focal neurologic dysfunction. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) states: Consider EMG test to clarify nerve root dysfunction. Orthopedic evaluation report 11-15-2013 documented physical examination: The patient is noted to rise from a chair in the waiting room and ambulate to the examination room with a nonantalgic gait. The patient ambulates without analgia. Evaluation of the Lumbar Spine: Straight leg raise negative bilaterally. Range of motion is as follows: Flexion 60, Extension 20, Lateral bending Right 25 Left 20, Rotation Right 25 Left 20. Patellar tendon reflexes 2+ bilaterally. Achilles tendon reflexes 2+ bilaterally. Resisted strength testing 5/5 bilaterally. Motor strength was 5/5 bilaterally with Hip flexion, Hip extension, Hip adduction, Hip abduction, Knee flexion, Knee extension, Ankle dorsiflexion, Ankle plantar flexion, Great toe flexion, Great toe extension. No reports of lumbosacral spine x-ray or MRI were documented. No focal neurologic dysfunction was documented. No nerve root dysfunction was documented. Bilateral lower extremities had normal 5/5 strength. Straight leg raise test was negative. Medical records do not support the medical necessity of electromyography (EMG). Therefore, the request for EMG of the bilateral lower extremities is not medically necessary.

NCS OF THE BILATERAL LOWER EXTREMITIES: 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) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS) Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Studies have not shown portable nerve conduction devices to be effective. www.guideline.gov Guideline Title: Low back - lumbar & thoracic (acute & chronic). Bibliographic Source: Work Loss Data Institute. Low back -- lumbar & thoracic (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Dec 4. The following interventions/procedures were considered, but are not recommended: nerve conduction studies (NCS).

Decision rationale: Medical treatment utilization schedule (MTUS) does not address nerve conduction studies for low back conditions. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states: Nerve conduction studies (NCS) are not recommended. Work Loss Data Institute Low Back guideline states: Nerve conduction studies

(NCS) are not recommended. Orthopedic evaluation report 11-15-2013 documented physical examination: The patient is noted to rise from a chair in the waiting room and ambulate to the examination room with a nonantalgic gait. The patient ambulates without antalgia. Evaluation of the Lumbar Spine: Straight leg raise negative bilaterally. Range of motion is as follows: Flexion 60, Extension 20, Lateral bending Right 25 Left 20, Rotation Right 25 Left 20. Patellar tendon reflexes 2+ bilaterally. Achilles tendon reflexes 2+ bilaterally. Resisted strength testing 5/5 bilaterally. Motor strength was 5/5 bilaterally with Hip flexion, Hip extension, Hip adduction, Hip abduction, Knee flexion, Knee extension, Ankle dorsiflexion, Ankle plantar flexion, Great toe flexion, Great toe extension. No reports of lumbosacral spine x-ray or MRI were documented. ODG and Work Loss Data Institute guidelines do not recommend nerve conduction studies. Therefore, the request for NCS of the bilateral lower extremities is not medically necessary.

A ONE-MONTH TRIAL OF A TENS UNIT: 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 Page(s): 203.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints (Page 203) states: Physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high-quality medical studies. Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271): TENS units - Not Recommended. Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181): TENS units - Not Recommended. Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308): TENS units - Not Recommended. In the Third Edition ACOEM occupational medicine practice guidelines (2011), TENS was not recommended for acute, subacute, or chronic hip pain. The evidence was insufficient to recommend the intervention. Evidence that the intervention is effective was lacking, of poor quality, or conflicting. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 114): TENS may be considered - if used as an adjunct to a program of evidence-based functional restoration. Functional restoration program (FRP) is required. Patient has the diagnoses: S/P left rib fractures; Left shoulder acromioclavicular joint arthrosis; R/o left shoulder labral pathology; Left hip strain, contusions, r/o tendinopathy; Left long finger tenosynovitis. Orthopedic evaluation report 11-15-2013 documented that despite more than three months of conservative care, including TENS, the patient's condition - particularly with regard to pain - has failed to improve as expected. This suggests that the patient has tried TENS in the past, and the TENS was ineffective. There is no documentation that the patient is enrolled in a functional restoration program (FRP). MTUS and ACOEM guidelines and medical records do not support the medical necessity of TENS unit. Therefore, the request for one-month trial of a TENS unit is not medically necessary.

4 SESSIONS OF ACUPUNCTURE FOR THE BACK, NECK, LEFT SHOULDER, AND LEFT HIP: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical treatment utilization schedule (MTUS) 9792.24.1. Acupuncture Medical Treatment Guidelines states that Acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Orthopedic evaluation report 11-15-2013 documented that despite more than three months of conservative care, including physical therapy and medications, the patient's condition - particularly with regard to pain - has failed to improve as expected. Acupuncture has not previously been undertaken in this case. MTUS and medical records support the medical necessity of Acupuncture. Therefore, the request for Acupuncture for the back, neck, left shoulder, and left hip is medically necessary.

12 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page 98-99 Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Physical Therapy (PT) See Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical Therapy (PT) See Physical Medicine Physical medicine treatment Arthritis (ICD9 715): Medical treatment: 9 visits over 8 weeks ____.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provides Physical Therapy (PT) physical medicine guidelines: Myalgia and myositis 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks. Official Disability Guidelines (ODG) Pain (Chronic) provides Physical Therapy (PT) physical medicine treatment guidelines: Arthritis (ICD9 715) medical treatment 9 visits over 8 weeks. Orthopedic evaluation report 11-15-2013 documented: The patient estimates that he had 22 sessions of physical therapy. The patient has previously had an estimated 22 sessions of physical therapy. Improvement was slow. Despite more than three months of conservative care, including physical therapy, the patient's condition - particularly with regard to pain - has failed to improve as expected. Medical records document that the patient has

previously completed 22 physical therapy visits. MTUS and ODG guidelines recommend up to 10 visits. Therefore, the request for additional Physical Therapy (PT) visits would exceed clinical guideline recommendations. Therefore, the request for 12 sessions of physical therapy is not medically necessary.