MAXIMUS Federal Services

Case Number:	CM13-0066003		
Date Assigned:	01/03/2014	Date of Injury:	11/03/2009
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 43-year-old female who reported an injury on 11/03/2009. The mechanism of injury was not provided in the medical records. Her course of treatment to date is unclear; however, it is noted that she has received multiple shoulder surgeries, an unspecified cervical surgery, physical therapy, and other modalities intended to relive her symptoms. It was noted in the submitted clinical information that the patient has received prior cervical and bilateral shoulder MRIs; however, dates they were performed and their results were not provided for review. The most recent clinical note submitted for review is dated 02/17/2014 and revealed tenderness to the cervical paraspinal musculature and painful cervical range of motion; however, numerical values were not provided. The bilateral shoulders revealed healed arthroscopic portals, and right shoulder flexion was 167 degrees, abduction 160 degrees, while left shoulder flexion was 165 degrees and abduction 165 degrees. The patient continued to have subjective complaints of bilateral shoulder pain with numbness in the bilateral hands. There was no indication that an objective sensory, muscle strength or reflex examination had been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS Guidelines recommend shoulder MRIs if there is physiologic evidence of tissue insult or neurovascular dysfunction, the patient has failed to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. Although the patient continues to complain of bilateral shoulder pain, she has a history of previous MRIs with subsequent arthroscopic procedures. The clinical information submitted for review did not provide any evidence as to why these repeat imaging studies were being requested, as the patient has moderate complaints of bilateral shoulder pain, minimal to moderate range of motion deficits, and no other physical findings. Without increased information detailing the necessity for this request, guideline compliance and medical necessity cannot be determined. As such, the requested MRI of the bilateral shoulders is not medically necessary or appropriate.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, MRI

Decision rationale: The California MTUS Guidelines do not address repeat MRIs; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines do not recommend repeat MRI studies unless the patient has experienced a significant change in symptoms and/or there are findings suggestive of a significant pathology. The clinical information submitted for review did not provide any evidence that the patient was experiencing a progressive neurologic deficit or worsening of symptoms, and there was no discussion as to why a repeat MRI was being requested. Without objective evidence of a significant change in symptoms or suggestive pathology, a repeat MRI is not indicated at this time. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.

NCS OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 170 and 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-21.

Decision rationale: The California MTUS Guidelines recommend NCS after 4 to 6 weeks of conservative care has failed to improve forearm, hand, and wrist symptoms. For the elbow, if physical examination and 6 weeks of conservative care has failed to improve symptoms, an NCS may be indicated. The clinical information submitted for review provided evidence that the patient had already received bilateral upper extremity electrodiagnostic tests performed on 05/17/2012 that were normal; however, she continued to carry the diagnoses of bilateral carpal

tunnel syndrome and occasional mention of right cubital tunnel syndrome. As the guidelines state that both signs and symptoms must be present along with indicative electrodiagnostic testing, to diagnose cubital tunnel and carpal tunnel syndrome, there should be significant evidence on physical examination that would warrant electrodiagnostic testing. The physical examinations provided for review provided evidence of a positive Tinel's sign at the elbow; however, there is no indication of paresthesias or weakness, and guidelines state that a positive Tinel's test at the elbow is not helpful, as it is often abnormal in the absence of symptoms. Without further physical examination evidence of the presence of a possible nerve entrapment, an NCS is not warranted at this time. As such, the requested NCS of the right upper extremity is not medically necessary or appropriate.

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 170 and 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-21.

Decision rationale: The California MTUS Guidelines recommend an EMG after 4 to 6 weeks of conservative care has failed to improve forearm, hand, and wrist symptoms. For the elbow, if physical examination and 6 weeks of conservative care has failed to improve symptoms, an EMG may be indicated. The clinical information submitted for review provided evidence that the patient had already received bilateral upper extremity electrodiagnostic tests performed on 05/17/2012 that were normal; however, she continued to carry the diagnoses of bilateral carpal tunnel syndrome and occasional mention of right cubital tunnel syndrome. As the guidelines state that both signs and symptoms must be present as well as indicative electrodiagnostic testing to diagnose cubital tunnel and carpal tunnel syndrome, there should be significant evidence on physical examination that would warrant electrodiagnostic testing. The physical examinations provided for review provided evidence of a positive Tinel's sign at the elbow; however, there is no indication of paresthesias or weakness, and guidelines state that a positive Tinel's test at the elbow is not helpful, as it is often abnormal in the absence of symptoms. Without further physical examination evidence of the presence of a possible nerve entrapment, an EMG is not warranted at this time. As such, the requested EMG of the right upper extremity is not medically necessary or appropriate.

NERVE CONDUCTION STUDY (NCS) OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 170 and 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-21.

Decision rationale: The California MTUS Guidelines state that a nerve conduction study with above versus below elbow conduction assessment may be indicated in patients who have failed at least 4 to 6 weeks of conservative care; however, there were previous studies conducted with no discussion of a recent worsening of symptoms. The clinical information submitted for review

provided evidence that the patient had already received bilateral upper extremity electrodiagnostic tests performed on 05/17/2012 that were normal; however, she continued to carry the diagnoses of bilateral carpal tunnel syndrome and occasional mention of right cubital tunnel syndrome. The physical examinations provided for review did not include an evaluation of the left elbow, nor did it mention subjective complaints. Without further physical examination evidence of the presence of a possible nerve entrapment or discussion of a worsening of symptoms, an NCS is not warranted at this time. In addition, the patient had unilateral complaints to the right side and therefore, bilateral testing is not indicated. As such, the requested NCS of the left upper extremity is not medically necessary or appropriate.

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 170 and 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-21.

Decision rationale: The California MTUS Guidelines recommend an EMG after 4 to 6 weeks of conservative care has failed to improve any forearm, hand, and wrist symptoms. For the elbow, if physical examination and 6 weeks of conservative care has failed to improve symptoms, an EMG may be indicated. The report dated 11/11/2013 was the first mention of the requested electrodiagnostic tests, and indicated that the EMG/NCS testing was to rule out cubital tunnel in the right elbow. The clinical information submitted for review provided evidence that the patient had already received bilateral upper extremity electrodiagnostic tests that were performed on 05/17/2012 and found to be normal; however, she continued to carry the diagnoses of bilateral carpal tunnel syndrome with an occasional mention of right cubital tunnel syndrome. As the guidelines state that both signs and symptoms must be present along with indicative electrodiagnostic testing to diagnose cubital tunnel and carpal tunnel syndrome, there should be significant evidence on physical examination that would warrant electrodiagnostic testing. The physical examinations provided for review did not include an evaluation of the left elbow. Without further physical examination evidence of the presence of a possible nerve entrapment, an EMG is not warranted at this time. In addition, the patient had unilateral complaints to the right side, and therefore, bilateral testing is not indicated. As such, the requested EMG of the left upper extremity is not medically necessary or appropriate.

PRILOSEC 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of a proton pump inhibitor for patients at risk for gastrointestinal (GI) events. Risk factors include a patient that is over the age of 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin,

corticosteroids, and/or an anticoagulant; and high dose/multiple use of nonsteroidal anti-inflammatory drugs (NSAIDs). The clinical information submitted for review did not provide any evidence that the patient had a history of any peptic ulcers, GI bleeding, or perforations; and as a complete list of the patient's medications was not provided, it is unclear if she is concurrently using aspirin, corticosteroids, anticoagulants, or high dose/multiple NSAIDs. In addition, the patient is under 65 years of age and there was no discussion regarding GI side effects related to her current treatment. Therefore, a proton pump inhibitor is not indicated at this time and the requested Prilosec 20 mg #60 is not medically necessary or appropriate.