Case Number:	CM14-0002250		
Date Assigned:	06/11/2014	**Date of Injury:**	12/31/2012
Decision Date:	08/05/2014	**UR Denial Date:**	12/31/2013
Priority:	Standard	**Application Received:**	01/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 39-year-old female who reported an injury on 12/31/2012. The mechanism of injury was not provided within the documentation. Her diagnoses were noted to be cervical spine sprain/strain, lumbar spine sprain/strain, left shoulder sprain/strain, myospasms, bilateral medial epicondylitis, clinical bilateral carpal tunnel syndrome, right hip sprain/strain, bilateral wrist ulnar triquetral impaction, bilateral wrist bone cyst, bilateral wrist ganglion cyst, bilateral wrist triangular fibrocartilage complex tear, bilateral moderate carpal tunnel syndrome, per NCV of 02/05/2014, biceps tenosynovitis of the left shoulder, left shoulder osteoarthropathy of the acromioclavicular joint, left shoulder bursitis, left shoulder subchondral cyst erosion, left shoulder effusion, cervical spine disc desiccation, cervical spine multilevel disc protrusions, left elbow effusion, lumbar spine multiple disc protrusions, lumbar spine disc desiccation, lumbar spine retrolisthesis, right elbow effusion, depression, insomnia, and stress. In the clinical evaluation dated 03/31/2014, it was noted that the injured worker had prior treatment of chiropractic care and acupuncture. In the most recent clinical evaluation dated 05/12/2014, the examination of the cervical spine is noted to be normal lordosis, normal head carriage, no ecchymosis, no abrasions, no inflammation, no lacerations, and no surgical scars. The evaluation continues with tenderness to palpation with spasms of the left suboccipitals, bilateral upper trapezius muscles, and bilateral rhomboids. It is also noted that the injured worker had limited range of motion secondary to pain. The cervical spine flexion was 60% of normal, extension was 65% of normal, left lateral was 62% of normal, right lateral was 71% of normal, left rotation was 55% of normal, and right rotation was 59% of normal.(not pertinent since MRI is supported for neurological deficits) The injured worker was negative for compression, Spurling's, and distraction. It is also documented that reflexes C5-7 were normal, and pinwheel sensory dermatomes C5-T1 were intact. A Request for Authorization for Medical Treatment for hot and

cold packs, replacement cock-up wrist splints, TENS unit, chiropractic treatment, and acupuncture are all dated 12/02/2013. A Request for Authorization for Medical Treatment for an EMG of the bilateral upper extremities is dated 10/14/2013, along with a psychological consult, also dated 10/14/2013, and MRIs for the cervical spine, bilateral elbows, lumbar spine, bilateral wrists, left shoulder, and right hand are all dated 02/03/2014. The provider did not include Requests for Authorization for Medical Treatment for the MCV of the bilateral upper extremities or the thermal combo unit and the urine drug screen. The provider also failed to include rationales for the requests submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT OF UNSPECIFIED BODY PART (S) 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The request for chiropractic treatment of unspecified body part (s) 2 X 6 is non-certified. Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The injured worker had a clinical evaluation on 12/02/2013 in which she stated that the acupuncture and chiropractic care only helped her pain temporarily. Given the lack of significant long lasting improvement from prior chiropractic care, the request for additional therapy is not supported. Therefore, the request for chiropractic treatment of unspecified body part (s) 2 X 6 is non-certified.

ACUPUNCTURE TREATMENT OF UNSPECIFIED BODY PART (S) 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture treatment of unspecified body part (s) 2 X 6 is non-certified. The California MTUS Acupuncture Medical Treatment Guidelines note that acupuncture treatments may be extended if there is evidence of functional improvement. In this case; however, there has been no such evidence of functional improvement. In a clinical evaluation on 12/02/2013, the injured worker stated that acupuncture only helped her pain temporarily. Therefore, the request for acupuncture treatment of unspecified body part (s) 2 X 6 is non-certified.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The request for MRI of the cervical spine is non-certified. The California MTUS American College of Occupational and Environmental Medicine indicates diagnostic criteria for MRI include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The physical evaluation of the cervical spine does not meet the criteria for an MRI as the injured worker lacks objective findings of neurological deficits related to the cervical spine to support the necessity of the requested MRI. Therefore, the request for MRI of the cervical spine is non-certified.

MRI OF THE BILATERAL ELBOWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The request for MRI of the bilateral elbows is non-certified. The MTUS California American College of Occupational and Environmental Medicine indicates criteria for ordering imaging studies to include the imaging study results will substantially change the treatment plan, emergence of a red flag and failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The injured worker's most recent clinical evaluation submitted with this review was on 05/12/2014. The physical examination for the elbows indicates no instability or laxity. It continued to indicate that the injured worker had mild inflammation and tenderness to palpation of the left medial epicondyle and tenderness to palpation of the right medial epicondyle. The injured worker had limited range of motion secondary to pain. The orthopedic test is negative cubital tunnel bilaterally. Examination findings are only noted for the right elbow and the request is for bilateral elbows. Based on the most recent clinical evaluation and the CA MTUS/ACOEM Guidelines, the request for MRI of the bilateral elbows is non-certified.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is non-certified. Upon review of the injured worker's clinical evaluation on 05/12/2014, the physical examination documented the injured worker did have an orthopedic test that was negative for sitting root. Pinwheel sensory dermatomes L1-S1 were intact, and reflexes L4-S1 were equal and symmetrical. The guidelines indicate when objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Given the injured worker did not have neurological deficits on examination; the requested MRI is not supported. Therefore, the request for MRI of the lumbar spine is non-certified.

MRI OF THE BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for MRI of the bilateral wrists is non-certified. The CA MTUS/American College of Occupational and Environmental Medicine provide diagnostic criteria for tests of the forearm, wrist, and hand complaints. For most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. The most recent clinical evaluation submitted with this review was on 05/12/2014. It noted that the injured worker had a positive Phalen's test bilaterally and negative carpal tunnels' and Finkelstein's bilaterally. She had tenderness to palpation of the bilateral wrist joints, and she had full range of motion of the digits and tenderness to palpation of the right pinky finger. The clinical information submitted failed to detail whether the prior conservative care was directed at the bilateral wrists and if so, what the efficacy of that treatment was. Therefore, the request for MRI of the bilateral wrists is non-certified.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The request for MRI of the left shoulder is non-certified. The injured worker had a physical evaluation on 05/12/2014. It is noted that the injured worker had no ecchymosis, no abrasions, no inflammation, no lacerations, and no surgical scars. She had tenderness to palpation with spasms of the bilateral upper trapezius muscles and tenderness to palpation of the right AC joint. She had limited range of motion secondary to pain. There was an orthopedic test documented with positive crepitus; however, it is not indicated to the left or the right, specifically. The California American College of Occupational and Environmental Medicine provides guidelines for MRIs of shoulder complaints. The guidelines do not recommend an MRI for acute, subacute, and chronic non-specific shoulder pain. CA MTUS/ACOEM has listed out for ordering imaging studies which includes physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure In addition, the guidelines state that routine MRI for evaluation of shoulder disorders without surgical indications is not indicated. Therefore, the request for MRI of the left shoulder is non-certified.

MRI OF THE RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269,258-262.

Decision rationale: The request for MRI of the right hand is non-certified. It is noted in a clinical evaluation on 05/12/2014 that the injured worker had no instability, no laxity, no ecchymosis, no abrasion, no inflammation, no lacerations, and no surgical scars. She had normal capillary refill and she had limited range of motion secondary to pain. The injured worker had full range of motion of the digits and tenderness to palpation of the right pinky finger. The California American College of Occupational and Environmental Medicine indicates special studies and diagnostic treatments for MRIs with the criteria of only infection or carpal tunnel syndrome. In addition, the guidelines state that carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling, primarily in the thumb, index, and long finger, or numbness in the wrist. Symptoms of pain, numbness and tingling in the hands are common in the general population, but based on studies, only about 1 in 5 symptomatic subjects would be expected to have carpal tunnel syndrome based on the clinical examination and electrophysiological testing. The clinical information submitted failed to provide evidence of physical examination findings supportive of carpal tunnel syndrome Therefore, the request for the MRI of the right hand is non-certified.

(EMG)ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for (EMG) electromyography of the bilateral upper extremities is non-certified. The MTUS California American College of Occupational and Environmental Medicine state appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies, or, in more difficult cases, electromyography may be helpful. EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. According to the Guidelines, the symptoms presented at the last clinical evaluation dated 05/12/2014 for the injured worker's upper extremities do not meet the criteria for electromyography of the bilateral upper extremities. In the clinical evaluation, it is noted that the injured worker did not have neurological deficits on examination to meet guideline criteria and support the necessity of the requested EMG. Therefore, the request for (EMG) electromyography of the bilateral upper extremities is non-certified.

(MCV) MEAN CORPUSCULAR VOLUME OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

Decision rationale: The request for (MCV) mean corpuscular volume of the bilateral upper extremities is non-certified. Mean corpuscular volume, or mean cell volume, is a measure of the average volume of a red blood corpuscle (or red blood cell). The measure is attained by multiplying a volume of blood by the proportion of blood that is cellular (the hematocrit), and dividing that product by the number of erythrocytes (red blood cells in that volume). The mean corpuscular volume is part of a standard complete blood count. In a laboratory test that computes MCV, erythrocytes are compacted during centrifugation. Within the last clinical review submitted dated 05/12/2014, there was no indication that the injured worker has anemia or any clinical need for a test such as an MCV. Therefore, the request for (MCV) mean corpuscular volume of the bilateral upper extremities is non-certified.

PSYCHOLOGICAL CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The request for psychological consultation is non-certified. The CA MTUS Chronic Pain and Medical Treatment Guidelines recommend psychological evaluations. These are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The injured worker has a severe hand injury with many other injuries. However, there was a lack of psychological symptoms to support the necessity of the requested psychological consultation. Therefore, the request for psychological consultation is non-certified.

REPLACEMENT COCK-UP WRIST SPLINTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cock-Up Splints or Wrist Braces, mycarpaltunnel.com.

Decision rationale: The request for replacement cock-up wrist splints is non-certified. The California American College of Occupational and Environmental Medicine indicates neutral wrist splints may be used at night. According to mycarpaltunnel.com, doctors, when pressed, will admit that the rigid orthotics and splints, like the cock-up splints, are not therapeutic and often actually worsen repetitive stress conditions, like carpal tunnel syndrome. The rigid devices do provide some relief from pain that may result from movement, but offer no therapeutic benefit, and often complicate symptoms over time with hand and forearm muscle atrophy. The rigid devices also compress the injured tissue against a hard metallic frame or stiff fiberglass molded to the hand. This compression against a firm frame irritates already injured tissue and often increases swelling and lymphatic fluid build-up. Also, the compression splints restrict and inhibit blood circulation around injured tissue; normal circulation is critical to the body's natural healing processes. The injured worker, who had a clinical evaluation on 05/12/2014, does not indicate any use of a cock-up wrist splint. The documentation fails to provide efficacy of a cock-up wrist splint within the clinical notes. The guidelines indicate a neutral wrist splint may be worn at night; however, a cock-up wrist splint does not appear to be neutral, according to an article within mycarpaltunnel.com, indicating a cock-up splint is not therapeutic and may worsen repetitive stress conditions. As such, replacement cock-up wrist splints are non-certified.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114.

Decision rationale: The request for TENS UNIT is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The clinical evaluation on 05/12/2014 indicated the injured worker had on and off pain in the upper back, constant bilateral elbow pain, on and off bilateral hand pain, occasional right hip pain, and the injured worker denied any mid back pain. The injured worker also stated that the pain is well controlled with medication and creams, denying any side effects at this time. The guidelines indicate a home-based treatment trial of 1 month may be appropriate for neuropathic pain and CPRS-II. Based on the clinical evaluation, the injured worker states pain is controlled with conservative care. In addition, the request as submitted failed to indicate whether the requested TENS unit was for rental or purchase and there was a lack of a one month trial of a TENS unit. Therefore, the decision for TENS unit is non-certified.

HOT AND COLD PACK/ WRAPS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266.

Decision rationale: The California American College of Occupational and Environmental Medicine initial care recommends at home local applications of cold packs within the first few days of acute complaints; thereafter, applications of heat packs. The documentation provided for this review documents the injured worker's initial injury was on 12/31/2012. The guidelines indicate hot and cold pack and wraps are recommended within the first few days of acute complaints. Therefore, the request for hot and cold pack/wraps is non-certified.

THERMAL COMBO UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265 271-273.

Decision rationale: The request for thermal combo unit is non-certified. The California American College of Occupational and Environmental Medicine indicates no recommendation for or against application of heat or cold packs before or after exercises. Patients' at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. After the first few days of acute complaints, the application of heat packs is recommended. The most recent clinical evaluation on 05/12/2014 does not indicate

a need for thermal combo unit. In addition, the injured worker's injury was on 12/31/2012. It is not documented where the thermal combo unit is to be applied or a frequency of such thermal combo unit therapy. The request for thermal combo unit is non-certified.