MAXIMUS Federal Services

Case Number:	CM14-0006093		
Date Assigned:	03/03/2014	Date of Injury:	03/25/2007
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 52-year-old male with a date of injury of 03/25/2007. The listed diagnoses per the provider are: 1. Headache. 2. Cervical sprain. 3. Possible cervical radiculopathy. 4. Myalgia, myositis. 5. Elbow, hand, wrist, sprain/strain. 6. Carpal tunnel syndrome. 7. Sprain of unspecified site of shoulder and upper arm. 8. Disorder of bursa and tendons in shoulder. 9. Spasm of muscle. 10. Anxiety. 11. Sleep disorder. The treating provider provides one progress report dated prior to the Utilization Review from 01/07/2014. According to the 12/23/2013 progress report by the provider, the patient suffers from pain in bilateral shoulders, arms, hands, neck and back. The patient received left wrist carpal tunnel surgery in November 2007. The patient did not receive further treatment and his pain gradually worsened around July of 2013. The patient underwent an electromyography (EMG)/NCV (nerve conduction velocity) of the upper extremities on 09/24/2013 which revealed carpal tunnel syndrome of the right hand/wrist. He ultimately underwent a right carpal tunnel surgery on 12/04/2013. The patient is currently complaining of post surgical pain and swelling of the right wrist. He also relates pain in his neck, upper back, shoulders, left shoulders, and bilateral hands and wrists. Examination of the left shoulder and arm revealed numbness, weakness and pain. He rates his pain 8/10 on a pain scale. The Apley's test is painful on extension behind back. Examination of the neck revealed throbbing, aching, pulsating, burning, and hot pain. He rates the pain as 8/10. Examination of the wrist revealed pulsing and aching pain rated as 9/10 on a pain scale. There is numbness and weakness noted.
Examination of the upper extremities revealed tenderness in the left hand and wrist and bilateral shoulders. There is positive Tinel's on the left hand. Examination of the cervical spine reveals pain in the anterolateral shoulder and arm on the right corresponding to the C5 dermatome. At

level C1 to T1, palpation reveals moderate paraspinal tenderness bilaterally. Destruction test is negative on both sides. However, foraminal compression test and shoulder depressor test revealed pain on the left side. The treating provider is requesting "chiropractic mobilization, postsurgical exercise instruction, and adjunctive physiotherapies 2 times per week for 4 weeks." The request is also for MRI (magnetic resonance imaging) of cervical spine, MRI of left shoulder, EMG upper extremity and NCV upper extremity. A utilization review denied the requests on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MOBILIZATION, POST-SURGICAL EXERCISE INSTRUCTION AND PHYSIOTHERAPIES TWO (2) TIMES/WEEK FOR FOUR (4) WEEKS; QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, Page(s): 58,59. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

Decision rationale: This patient is status post carpal tunnel release on 12/04/2013. He complains of neck, back, shoulder, arm and wrist pain. The treating provider requests "chiropractic mobilization, postsurgical exercise instruction, and adjunctive physiotherapies 2 times per week for 4 weeks." The Utilization review from 01/07/2014 modified the certification to 3 sessions stating 3 sessions are indicated to allow for functional improvement and decrease pain. In this case, the medical records do not provide any indication that the patient has received any chiropractic or physical therapy following the 12/04/2013 carpal tunnel release. For chiropractic treatments, the MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For physical medicine, the MTUS guidelines recommend for post surgical treatment of carpal tunnel syndrome, 3-8 visits. In this case, given the patient has not received any therapy following the recent carpal tunnel release a course of therapy is reasonable but chiropractic treatments are not recommended for management of carpal tunnel syndrome (CTS). The recommendation is for denial.

MRI CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 AND 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient is status post carpal tunnel release on 12/04/2013. He complains of neck, back, shoulder, arm and wrist pain. The ACOEM Guidelines has the following criteria for ordering images: "Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ACOEM Guidelines may be more appropriately applied for acute and sub acute cases. For chronic condition, the Official Disability Guidelines (ODG) recommends MRI (magnetic resonance imaging) studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this patient, the provided reports do not show that the patient's has had an MRI in the past. There are no references to an MRI in any of the progress reports and there are no MRI reports. Given the patient's "neurologic symptoms" that include radiating arm symptoms, and failure to improve with conservative care, a set of MRI is reasonable and supported by ODG guidelines. The recommendation is for authorization.

MRI LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

Decision rationale: This patient is status post carpal tunnel release on 12/04/2013. He complains of neck, back, shoulder, arm and wrist pain. The ACOEM Guidelines has the following regarding shoulder MRI (magnetic resonance imaging), "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." Given that the patient has not had prior MRI, an MRI of the shoulder is appropriate due to suspicion of internal derangement such as rotator cuff pathology. The recommendation is for approval.

ELECTROMYOGRAPHY (EMG) UPPER EXTREMITY (LEFT OR RIGHT UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with complaint of neck, back, shoulder, arm and wrist pain. The ACOEM Guidelines state that electro diagnostic studies may help differentiate between carpal tunnel syndromes (CTS) and other conditions such as cervical radiculopathy. However, the ACOEM may apply to acute/sub acute conditions. The Official Disability Guidelines (ODG) has the following regarding Electrodiagnostic Studies (EDX) and Carpal

Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient presents with upper extremities symptoms and had an EMG/NCV in September 2013. The patient underwent a carpal tunnel release in December 2013. The treating provider is requesting both EMG and NCV. While ACOEM guidelines support electro diagnostic studies, the ODG guidelines states EMG in addition to NCV studies are not generally necessary. The requested EMG is not medically necessary and the recommendation is for denial.

NERVE CONDUCTION VELOCITY (NCV) UPPER EXTREMITY (LEFT OR RIGHT UNSPECIFIED): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient is status post carpal tunnel release on 12/04/2013. He complains of neck, back, shoulder, arm and wrist pain. The treating provider is requesting nerve conduction velocities (NCV) of the upper extremities. The ACOEM Guidelines state that electrodiagnostic studies may help differentiate between carpal tunnel syndromes (CTS) and other conditions such as cervical radiculopathy. The Official Disability Guidelines (ODG) has the following regarding Electrodiagnostic Studies (EDX) and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient continues with upper extremities symptoms even after the 12/04/2013 carpal tunnel release. The NCV testing for further investigation is medically necessary and recommendation is for approval.