

Case Number:	CM14-0007139		
Date Assigned:	02/07/2014	Date of Injury:	08/08/2013
Decision Date:	10/15/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/19/2014

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 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 application for independent medical review was signed on January 15, 2014. It was for additional physical therapy times six for the right shoulder, right elbow and right wrist; a CT scan of the right shoulder and elbow, an NCV EMG test of both upper extremities; and a functional capacity evaluation. Per the records provided, the claimant was described as a 69-year-old woman with a right shoulder and upper extremity condition. Per the records, she had a fracture of the proximal humerus. She has had physical therapy, but had ongoing pain and restricted range of motion. There was a positive Tinel's sign in the right wrist, and negative Phalen sign. A CT scan of the shoulder and elbow were ordered to evaluate what was called 'complex bone pathology' without further clarification. The claimant had had significant amounts of therapy for the chronic condition. There were no plain x-rays provided to document current healing status of the fracture. The claimant reported a proximal humerus fracture with no documented injury to the right elbow, so the need for a CT to the region was not clear. Further, there was no documentation of prior unsuccessful return to work prompting a need for an FCE. Finally, there were no signs of bilateral upper extremity neurological issues in the examination provided. There were subjective left C7 sensation decrements, but that does not constitute radiculopathy especially when objective findings, such as motor and reflex testing were normal. There was a letter from January 14, 2014. The patient had only had 12 physical therapy sessions. Although she improved, she continued to have severe levels of pain. The doctor request the FCE because he anticipates she will be participating in a work conditioning program or work hardening at some point. This would serve as a baseline. The patient still had intermittent aches in the right elbow. The assessments were closed fracture of the upper end of the right humerus, bursitis and tendinitis of the right shoulder, partial tear of the rotator cuff tendon of the right shoulder, tendinitis bursitis of the right hand and wrist, right carpal sprain, medial epicondylitis of the right elbow and olecranon bursitis of the right elbow. Tinel's carpal test was positive on the right and the Guyon canal was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x6 for the right shoulder, right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2.A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately non-certified.

CT scan of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS was silent on shoulder CT. Regarding shoulder advanced imaging, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing in this case, and why a CT is preferred over MRI. There is no clear presentation of a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately non-certified.

NCV testing of the bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately non-certified.

EMG testing of the bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As shared previously, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately non-certified.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, under Functional Capacity Evaluations.

Decision rationale: A functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. The guides only

speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request was appropriately non-certified.

CT scan of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS is silent. The ODG notes for the elbow: Indications for imaging -- Computed tomography (CT) & CT arthrography: Suspect intra-articular osteocartilaginous body; radiographs nondiagnostic (CT elbow without contrast or CT arthrography elbow); Suspect unstable osteochondral injury; radiographs nondiagnostic (CT arthrography elbow); Elbow stiffness; suspect heterotopic ossification/osteophytosis by radiograph; Next test (CT elbow without contrast) In this case, the mechanism of injury did not involve the elbow; there are no orthopedic signs suggestive a high index of suspicion for internal elbow derangement. The request was appropriately non-certified.