

<b>Case Number:</b>	CM14-0008962		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Neurological Surgery 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 claimant is a 63-year-old female, who allegedly sustained cumulative injuries from May 15, 1995 through April 12, 2013. The mechanism of injury is described as repetitious keyboard data entry for customer information. Diagnoses include bilateral carpal tunnel syndrome, bilateral brachial radiculitis, bilateral shoulder impingement, wrist status post surgery, cervical radiculopathy, sleep disturbance, and anxiety. The claimant is documented as presenting with complaints on November 7, 2013 of bilateral wrist pain and dysfunction, shoulder pain, neck pain, stress, anxiety and sleep disturbances. The physical examination documents moderate swelling of the left wrist, tenderness to palpation of the left upper arm, posterior trapezius, poster shoulder, and bilateral cervical paraspinal muscles. Range of motion of both wrists is documented as being limited with moderate pain in all planes. Muscle spasm is documented bilaterally about the shoulders in the distribution of the trapezius. Palpation of the right wrist and radialis hosted pain. Passive range of motion testing of the left upper extremity produced numbness. Compression of the cervical foramina reproduced left upper extremity radicular symptoms. Numbness and tingling has reproduced bilaterally with Phalen's test. This is the patient's radialis muscle bilaterally. Impingement signs are positive in both shoulders. Cervical range of motion is limited. Neurological testing is documented as being negative. Sensory exam was positive in the C5-C7 distribution. The utilization review in question was rendered on January 7, 2014. The reviewer modified the request from twelve chiropractic therapy visits to six. The reviewer noncertified the request for a functional capacity evaluation indicating that the ongoing treatment modalities showed that the claimant was not approaching maximum medical improvement. The reviewer noncertified request for electrodiagnostic studies (NCV/EMG) of both upper extremities indicating that progress note demonstrates no evidence of neurological dysfunction or findings suggestive of radiculopathy or peripheral nerve root entrapment. The

reviewer noncertified bilateral shoulder MRIs indicating that the presence of impingement signs is insufficient to support the referral for imaging. The reviewer noncertified the request for bilateral wrist MRIs indicating that suggesting the presence of possible bilateral carpal tunnel syndrome is not sufficient in the absence of trauma or suspected risk pathology to warrant the imaging study. The reviewer noncertified the request for an MRI cervical spine citing an absence of clinical findings.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC 12 SESSIONS FUNCTIONAL RESTORATIVE/WORK CONDITIONING MYOFASCIAL RELEASE TRIGGER POINT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) supports the use of manual therapy and manipulation in the management of chronic pain caused by muscle skeletal conditions. However, the CAMTUS goes on to indicate that an effect must be produced within 4-6 treatments. As such, the requested full treatments exceed the recommendation by the guidelines and the request is considered not medically necessary. The request also lumps together a request for work conditioning in addition to the chiropractic care. This is not specifically addressed, as partial certification is not an option on independent medical review. The request for chiropractic 12 sessions functional restorative/work conditioning myofascial release trigger point is not medically necessary.

#### **FUNCTIONAL CAPACITY EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Independent Medical Review, pgs. 137-138 and Official Disability Guidelines (ODG) Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES; WORK CONDITIONING, WORK HARDENING Page(s): 48; 125-126.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) supports the use of functional improvement measures as an assessment to determine improvement of function or maintenance of function during the course of care. However, the clinician indicates that the functional capacity evaluation should be obtained to determine progress necessity for further care. The clinician also indicates that quantitative functional capacity evaluation should be performed to determine formulated trial work conditioning

program. The CAMTUS guidelines recommend a work conditioning program once an individual has plateaued and other conservative management options likely to provide significant benefit. Given that the clinician continues to evaluate the claimant and implement new conservative measures, the request is considered not medically necessary at this time.

**NERVE CONDUCTION VELOCITY BILATERAL UPPER EXTREMITIES:** Upheld

**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): 178.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM), notes that nerve conduction velocity studies may be utilized for the upper extremity when there is evidence of subtle neurological findings. Based on the clinical documentation provided, there is clear evidence of radiculopathy on examination as well as evidence of median nerve compression with a positive Phalen's test. Additionally, the ACOEM guidelines note that this test should be utilized in individuals when symptoms last longer than 3-4 weeks. As this is the clinician's initial evaluation, request is considered not medically necessary.

**ELECTROMYOGRAPHY BILATERAL UPPER EXTREMITIES:** Upheld

**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): 178.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) notes that electromyography (EMG) and nerve conduction velocity studies (NCV) may be utilized for the upper extremity when there is evidence of subtle neurological findings. Based on the clinical documentation provided, there is clear evidence of radiculopathy on examination as well as evidence of median nerve compression with a positive Phalen's test. Additionally, the ACOEM guidelines note that this test should be utilized in individuals when symptoms last longer than 3-4 weeks. As this is the clinician's initial evaluation, request is considered not medically necessary.

**MAGNETIC RESONANCE IMAGING BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 207-209.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) guidelines support the use of MRI for the shoulder when there is emergence of red flag symptoms, physiological evidence of tissue insult or neurovascular dysfunction, i.e. weakness from a massive rotator cuff tear, failure to progress in a strengthening program, or clarification anatomy prior to an invasive procedure. Additionally, MRI may be an option for individuals who have persistent limitations due to consistent symptoms for greater than one month. Based on the clinical documentation provided, this is the provider's initial evaluation. There is no documentation of rotator cuff weakness, and conservative measures have not yet been implemented. As such, the requested imaging study is considered not medically necessary.

**MAGNETIC RESONANCE IMAGING BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) guidelines does not support the use of MRI when the history and physical examination by a "qualified specialist" are the only items provided to support the request. Based on the clinical documentation provided, there are no red flag symptoms to indicate potential trauma that would require advanced imaging studies. The findings on examination of carpal tunnel syndrome do not require evaluation with MRI and the clinician does not give any indication that there could potentially be an underlying ligamentous disruption of the wrist. As such, the request is considered not medically necessary.

**MAGNETIC RESONANCE IMAGING CERVICAL SPINE:** Upheld

**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.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) guidelines support the use of MRI for the cervical spine to validate a diagnosis of nerve root compression and subacute and chronic upper extremity radiculopathy. Based on the clinical documentation provided, this was the provider's initial evaluation and there is no indication that previous conservative measures have been attempted. As such, the request is considered not medically necessary and the ACOEM does not support the use of MRI for acute radiculopathy complaints.