

Case Number:	CM14-0012935		
Date Assigned:	02/24/2014	Date of Injury:	05/12/2013
Decision Date:	07/31/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 62-year-old male who has filed a claim for TMJ disorder associated with an industrial injury date of May 12, 2013. Review of progress notes indicates nasal congestion, severe tinnitus with decreased hearing of the right ear, jaw pain, left facial pain, shortness of breath, neck pain, increased snoring, fatigue, and morning headaches. Patient reports depression and feeling nervous. Findings include nasal speech, positive Romberg, bilateral TMJ tenderness, ESS score of 15, positive Tinel's to bilateral wrists, and positive Hallpike. CT scan of the sinuses dated May 21, 2013 showed comminuted nasal bone fracture with depression of the fracture fragments, comminuted fracture of the nasal septum with moderate rightward deviation of the nasal septum anteriorly, tiny nondisplaced fracture of the inferior nasal spine, and mild right maxillary sinus. TMJ MRI dated July 24, 2013 showed borderline anteriorly displaced meniscus of the left TMJ with reduction upon opening the mouth. Facial bones CT scan showed fractures of the left nasal bone and nasal process of the left maxilla, fracture of the osseous nasal septum with rightward nasal septal deviation, and fracture of the left lamina papyracea. Sinus CT showed minimal mucosal thickening in the inferior right maxillary sinus. Nasal function test dated November 05, 2013 reported greater than 88% abnormal for age. Audiology testing dated August 08, 2013 showed bilateral sensorineural hearing loss and bilateral BPPV. EMG/NCS of bilateral upper extremities dated December 18, 2013 showed normal results. Treatment to date has included Tylenol. Utilization review from January 17, 2014 denied the requests for EMG/NCS of bilateral upper extremities; polysomnogram; ██████ ENT evaluation for nasal septum; ██████ OMFS evaluation for the left TMJ; psyche evaluation; and 18 physical therapy sessions. Reasons for denial were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG); Nerve conduction studies (NCS).

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. The requesting physician notes that this request is necessary to rule out carpal tunnel syndrome versus C6 radiculopathy. However, there are no findings to support the presence of cervical radiculopathy, and there is no documentation of failure of conservative treatment. Therefore, the request for EMG/NCS bilateral upper extremities was not medically necessary.

1 Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Polysomnography.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that polysomnography is recommended after at least 6 months of an insomnia complaint (at least 4 nights a week), unresponsive to behavioral intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is also recommended in cases with excessive daytime somnolence; cataplexy; morning headache, with other causes ruled out; sudden intellectual deterioration, without suspicion of organic dementia; personality change not secondary to medication, organic, or

psychiatric problem; and suspicion of sleep-related breathing disorder or periodic limb movement. The requesting physician notes that this procedure is needed after nasal reconstructive surgery to rule out obstructive sleep apnea. There is no documentation of insomnia, or of trial and failure of treatment strategies. Also, the patient has not yet undergone nasal surgery and there is no indication that the patient will be having similar symptoms after surgery. Therefore, the request for polysomnogram was not medically necessary.

1 [REDACTED] ENT evaluation for nasal septum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that polysomnography is recommended after at least 6 months of an insomnia complaint (at least 4 nights a week), unresponsive to behavioral intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is also recommended in cases with excessive daytime somnolence; cataplexy; morning headache, with other causes ruled out; sudden intellectual deterioration, without suspicion of organic dementia; personality change not secondary to medication, organic, or psychiatric problem; and suspicion of sleep-related breathing disorder or periodic limb movement. The requesting physician notes that this procedure is needed after nasal reconstructive surgery to rule out obstructive sleep apnea. There is no documentation of insomnia, or of trial and failure of treatment strategies. Also, the patient has not yet undergone nasal surgery and there is no indication that the patient will be having similar symptoms after surgery. Therefore, the request for polysomnogram was not medically necessary.

1 [REDACTED] OMFS evaluation for the left TMJ: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional

expertise. In this case, the patient has multiple nasal fractures with extensive imaging studies, and a plan to perform surgical reconstruction of the nose. At this time, there is no indication as to what additional information an OMFS evaluation will provide, and there is no documentation of any treatment strategies or complications since the onset of injury. Therefore, the request for [REDACTED] OMFS evaluation for the left TMJ was not medically necessary.

1 Psyche Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and 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. This patient reports symptoms of depression and nervousness. However, there is no documentation regarding any therapeutic trial and failure for these symptoms for a psychological evaluation to determine if further psychosocial interventions are indicated. Therefore, the request for psyche evaluation was not medically necessary.

18 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The body part to which these sessions are directed to is not indicated. Therefore, the request for 18 physical therapy sessions was not medically necessary.