

Case Number:	CM14-0015829		
Date Assigned:	03/03/2014	Date of Injury:	01/01/2005
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 and is licensed to practice in Illinois. 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 female who reported an injury on 01/01/2005. The date of birth was not provided. The mechanism of injury was not provided. The QME report dated 02/06/2014 noted the injured worker's treatment history included a carpal tunnel release bilaterally on 02/2011, bilateral carpal tunnel release on 03/06/2011, ulnar transposition surgery on the right on 10/11/2011, left ulnar release on 12/02/2011, and right rotator cuff repair on 04/04/2013. There were reported symptoms of constant hand burning, numbness, tingling, and continuation of pain post surgery. Range of motion values for the right shoulder were 120 degrees of abduction, 130 degrees of flexion, 90 degrees of internal rotation, and 30 degrees of external rotation. The cervical range of motion motion demonstrated 25 degrees of flexion, 15 degrees of extension, 8 degrees of left lateral bending, 8 degrees of right lateral bending, 45 degrees of lateral rotation, 100 degrees of right shoulder flexion, 80 degrees of abduction, and 10 degrees of external rotation. There was a positive impingement sign and tenderness to palpation over the lateral epicondyle on the left, as well as positive Tinel's signs bilaterally. The diagnoses included right shoulder pain, limited range of motion status post rotator cuff repair 04/2013, ulnar neuropathy status post ulnar transposition bilaterally in 2011, carpal tunnel syndrome status post carpal tunnel release surgery bilaterally in 2011, and cervical degenerative disc disease, worse at C4-5 and C6-7 by 10/2013 MRI. The provider recommended additional occupational therapy for the right shoulder and bilateral upper extremities, EMG of the bilateral upper extremities, NCS of the bilateral upper extremities, MRI of the right shoulder, referral to orthopedic surgeon, and referral to pain management psychologist. The provider's rationale was not provided. The request for authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY ON THE RIGHT SHOULDER AND BILATERAL UPPER EXTREMITIES X 12: Upheld

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

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

Decision rationale: The request for additional occupational therapy on the right shoulder and bilateral upper extremities x12 is non-certified. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individuals to complete a specific exercise or task. There is a lack of documentation regarding the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines recommend for up to 10 visits of therapy. The amount of therapy visits that have already been completed were not provided. In addition, the request for 12 additional sessions exceeds guideline recommendations. Therefore, the request is non-certified.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The request for an EMG of the bilateral upper extremities is non-certified. ACOEM states special studies are not needed until after a 4-6 week period of conservative care and observation. The guidelines also state, in cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. The included medical documents mentioned an electrodiagnostic study was performed in 2012; however, the records were not disclosed at this time. There is no indication of the failure of conservative methods. The rationale for a second EMG of the bilateral upper extremities was not provided. As such, the request is non-certified.

NERVE CONDUCTION STUDIES (NCS) OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The request for nerve conduction study (NCS) of the bilateral upper extremities is non-certified. ACOEM states, NCV for median nerve impingement at the wrist after failure of conservative treatment is recommended. The guidelines further state, in cases of peripheral nerve impingement, if no improvement or worsening has occurred with 4 to 6 weeks, electrical studies may be indicated. The included medical documents lack evidence of failure to respond to conservative care treatments which include medication and physical/occupational therapy. There is a lack of measurable baseline as which to measure the efficacy of the conservative treatment. The rationale for the submitted request was not provided. As such, the request is non-certified.

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbells Operative Orthopaedics, 9th Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for the MRI of the right shoulder is non-certified. ACOEM states that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The primary criteria for ordering imaging studies include: the emergence of a red flag; 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. The included medical documents lack evidence of a measurable baseline as to which to measure the efficacy of the current treatment regimen. The efficacy of the medication and therapy given to the right shoulder cannot be measured. In addition, there is a lack of documentation regarding the emergence of a red flag, evidence of neurovascular dysfunction, failure to progress in a strengthening program, or the intent to undergo an invasive procedure. As such, the request is non-certified.

REFERRAL TO ORTHOPEDIC SURGEON: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The request for referral to orthopedic surgeon is non-certified. CA MTUS/ACOEM recommends a referral for surgical consultation for injured worker's who have red flag conditions; activity limitation for more than 4 months, plus existence of a surgical lesion; failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Surgical determination depends on working or imaging confirmed diagnosis of the

presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks, benefits, expectations, in particular is important. If there is no clear indication for surgery, referring the injured worker to a physical medicine practitioner may help resolve the symptoms. The included medical documents lack evidence of clear imaging evidence of a lesion and there is no baseline as to which to measure the efficacy of the range of motion exercises being provided. There is no documentation referring the activity limitation for more than 4 months, and there is no information regarding red flag conditions. As such, the request is non-certified.

REFERRAL TO PAIN MANAGEMENT PSYCHOLOGIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for a referral to pain management psychologist is non-certified. ACOEM states specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities. Treating specific psychiatric diagnoses are described in other practice guidelines and text. It is recognized that primary care physicians and other non-psychological specialist, may deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medicine therapy. Adequate examination of the injured worker was not providing detailing current episodes to warrant the pain management psychologist referral. As such, the request is non-certified.