

Case Number:	CM14-0016128		
Date Assigned:	06/04/2014	Date of Injury:	08/08/2013
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/26/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 64 year-old with a date of injury of 08/08/13. A progress report associated with the request for services, dated 01/20/14, identified subjective complaints of right shoulder, elbow, wrist, and hand pain. Objective findings included tenderness to palpation with spasm of all the effected joints. Neurological examination of the upper extremities was reported as normal. Diagnoses included previous closed fracture of the humerus; partial rotator cuff tear of the shoulder; tendonitis of the right wrist and hand; right carpal tunnel sprain; medial epicondylitis and olecranon bursitis of the right elbow. Treatment has included oral analgesics and 12 physical therapy sessions. A Utilization Review determination was rendered on 01/23/14 recommending non-certification of "CT scan of right shoulder and elbow; Functional Capacity Evaluation; EMG bilateral upper extremity; and NCV bilateral upper extremity".

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF RIGHT SHOULDER AND ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208; 214.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. The Guidelines further outline the following criteria for imaging studies: a. Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)b. Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)c. Failure to progress in a strengthening program intended to avoid surgeryd. Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment)In this case, the patient is postoperative. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the record does not document the medical necessity for a shoulder and elbow MRI and is not medically necessary and appropriate.In this case, the patient is postoperative. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the record does not document the medical necessity for a shoulder and elbow MRI.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81,Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Work Conditioning, Work Hardening.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE.The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. In this case, the above criteria have not been met. The claimant has not reached maximum medical improvement. There have been no prior unsuccessful return- to-work attempts. There is no documentation of the need for a work-hardening. Therefore, the request for a Functional Capacity Examination is not medically necessary and appropriate.

EMG BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178; 182.

Decision rationale: The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. Conversely, EMG is not recommended for diagnosis of nerve root involvement if the findings in the history, physical exam, and imaging studies are consistent. In this case, the record indicates that the neurological examination of the upper extremities was normal. Likewise, the signs and symptoms were localized to specific joints of the extremities, and were primarily unilateral. Therefore, the medical record does not support the medical necessity of an EMG and is not medically necessary and appropriate.

NCV BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. In those cases, they are recommended before imaging studies. In this case, the record indicates that the neurological examination of the upper extremities was normal. Likewise, the signs and symptoms were localized to specific joints of the extremities, and were primarily unilateral. Therefore, the medical record does not support the medical necessity of bilateral nerve conduction studies and is not medically necessary and appropriate.