

Case Number:	CM14-0019183		
Date Assigned:	04/23/2014	Date of Injury:	04/29/2011
Decision Date:	07/08/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 Texas. 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 43-year-old female who reported injury on 04/29/2011. The medication history included Voltaren XR and Prilosec as of at least 06/2013. The clinical documentation indicated the treatment to date for the injured worker was a home exercise program, medications, and chiropractic treatment. The most recent documentation submitted for review was dated 11/22/2013 and was handwritten and difficult to read. There was no DWC Form or RFA submitted for review with the requested service. Diagnosis included left shoulder sprain. The treatment plan per the application for independent medical review revealed a request for Prilosec, an EMG, NCV, and an MRI of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review

indicated the injured worker had been utilizing the medication since at least 06/2013. There was a lack of documentation of the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #30 is not medically necessary.

MRI OF THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, 43.

Decision rationale: The ACOEM Guidelines indicate the criteria for ordering imaging studies include documentation that the imaging study results would substantially change the treatment plan, the emergence of a red flag, failure to progress in a rehabilitation program, evidence of a significant tissue insult or neurologic dysfunction that has been shown to be correctible by invasive treatment, and agreement the injured worker would undergo invasive treatment if the presence of the correctible lesion was confirmed. For most injured workers, special studies are not needed unless a period of 4 weeks of conservative care and observation fails to improve their symptoms. The clinical documentation submitted for review failed to provide documentation of the above criteria, including prior treatments. There was no DWC Form, Request for Authorization, nor PR-2 submitted with the requested service. There was a lack of documented rationale for the necessity for an MRI. Given the above, the request for an MRI of the left elbow is not medically necessary.

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM guidelines indicate that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. There was a lack of documentation of 3 to 4 weeks of conservative care. There was a lack of documentation of sensory deficits to support the necessity for an EMG. Given the above, the request for an EMG of the left upper extremity is not medically necessary.

NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. There was a lack of documentation of sensory deficits to support the necessity for an NCV. There was a lack of documentation of 3 to 4 weeks of conservative care. There was no documentation of a peripheral neuropathy condition that exists in the upper extremity. There was no documentation specifically indicating a necessity for both an EMG and NCV. Given the above, the request for an NCV of the left upper extremity is not medically necessary.