

Case Number:	CM14-0111321		
Date Assigned:	09/18/2014	Date of Injury:	01/02/2012
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 44-year-old male with a date of injury of January 2, 2012. The patient has bilateral shoulder pain and numbness and tingling in bilateral upper extremities. The physical examination shows restricted range of motion shoulder motion. This restricted range of lumbar motion. The MRI of the right shoulder from 2013 shows partial tear of the rotator cuff. There is osteoarthritis of the a.c. joint. The MRI, lumbar spine from 2013 shows degenerative disc condition from L2-S1. There are disc bulges at multiple levels. Treatment to date includes 24 sessions of physical therapy, acupuncture and medications. At issue is whether multiple modalities are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream (unspecified strength & quantity): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: Guidelines indicate that topical anesthetics and analgesics recommended neuropathic pain 1000 of an antidepressant and anticonvulsants have failed. There is no documentation the medical records as to which specific medications are being requested for which diagnoses and conditions in this patient. In addition there is no documentation that a trial of an eye the presence and anticonvulsants have failed. Guidelines for topical cream are not medically necessary and appropriate.

Arthroscopic Debridement Surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Of the shoulder pain chapter, ODG shoulder pain chapter

Decision rationale: This patient does not meet establish criteria for shoulder surgery. There is no documentation a recent trial and failure conservative measures to include a significant attempt at physical therapy and shoulder injections. Criteria for shoulder surgery are not medically necessary and appropriate.

Epidural Steroid Injection (no levels provided): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back pain chapter

Decision rationale: This patient does not meet establish criteria for lumbar epidural steroid injection. Specifically the MRI does not show specific compression of nerve roots is clearly correlated with physical exam findings showing radiculopathy. In addition the medical records do not clearly documented recent trial and failure of physical therapy. Since the patient does not have documented radiculopathy and has not had a recent trial and failure conservative measures, therefore epidural steroid injection not medically necessary at this time. Criteria for epidural steroid injection are not medically necessary and appropriate.

EMG Upper Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS upper extremity chapter, ODG upper extremity chapter

Decision rationale: There is no documentation of clear radiculopathy the upper extremities. There is no documentation of cervical imaging studies showing cervical compression. Diagnosis cervical radiculopathy has not been established clinically. Physical examination does also not demonstrate any evidence of nerve root compression signs in the upper extremities. There is no clear documentation of concerns for compression syndromes in the upper extremities. EMG nerve conduction studies not medically necessary. Criteria for neurophysiologic testing are not medically necessary and appropriate.

Nerve Conduction Velocity Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS and ODG upper extremity chapter

Decision rationale: This patient does not meet criteria for nerve conduction studies in the upper extremities. There is no documentation of nerve compression syndromes. There is no documentation of concern for nerve compression syndromes and no physical exam findings showing evidence of nerve compression syndromes. The request is not medically necessary and appropriate.

Acupuncture 2 x 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back pain chapter

Decision rationale: The medical records indicate that the patient has had previous acupuncture treatment. However the medical records do not document significant functional improvement and the exact type of functional improvement after acupuncture. Guidelines indicate that acupuncture may be extended a functional improvement is obtained. The medical records do not document history and physical demonstrating functional proven at the acupuncture. Therefore guidelines do not support the continued use of acupuncture in this case.