

Case Number:	CM14-0114563		
Date Assigned:	08/04/2014	Date of Injury:	03/14/2014
Decision Date:	12/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine, 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:

This case is a 50 year old female with a date of injury on 3/14/2014. A review of the medical records indicate that the patient has been undergoing treatment for cervical spine sprain/strain, right shoulder sprain/strain, right elbow sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain. Subjective complaints (5/6/2014) include 7-10/10 pain scale, neck pain radiating to right upper extremity, continuous right shoulder and arm pain, right elbow pain, and back pain with radiation to both lower extremity. Objective findings (5/6/2014) include tenderness to palpation to cervical paraspinal muscles, decreased cervical range of motion, tenderness to palpation to right shoulder/elbow, tenderness to medial and lateral epicondyle and olecranon, tenderness to palpation of thoracic/lumbar paraspinal muscles, and decreased lumbar range of motion. Treatment has included compound medications, hydrocodone, cyclobenzaprine, omeprazole, naproxen, and physical therapy (unknown number). A utilization review dated 6/18/2014 non-certified the following: {1} Physical Therapy Two (2) times four (4) sprain wrist/thoracic/lumbar including iontophoresis, dexamethasone & electrostimulation, {2} Nerve Conduction Study (NCS) of the right upper extremity, {3} Electromyography (EMG) of the right upper extremity, {4} Magnetic Resonance Imaging (MRI) of the right shoulder, {5} Magnetic Resonance Imaging (MRI) of the right elbow, {6} Urine drug test, and {7} Functional Capacity Evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two (2) times four (4) sprain wrist/thoracic/lumbar including iontophoresis, dexamethasone & electrostimulation: 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) Treatment Integrated Treatment/Disability Duration Guidelines, Physical/Occupational Therapy Guidelines-Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The request for 8 sessions is in excess of guidelines for initial trial. The treating physician does not indicate what exceptional factors should be considered to exceed the initial 6 session trial. As such, the request for Physical Therapy Two (2) times four (4) sprain wrist/thoracic/lumbar including iontophoresis, dexamethasone & electrostimulation is not medically necessary.

Nerve Conduction Study (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does document evidence of radiculopathy, which guidelines cite as a reason to not obtain electrodiagnostic studies. Further, ODG does not recommend NCS as a diagnostic modality. As such the request for Nerve Conduction Study (NCS) of the right upper extremity is not medically necessary.

Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does document evidence of radiculopathy, which guidelines cite as a reason to not obtain electrodiagnostic studies. As such the request for Electromyography (EMG) of the right upper extremity is not medically necessary.

Magnetic Resonance Imaging (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 Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Magnetic Resonance Imaging (MRI)-Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states 'Primary criteria for ordering imaging studies are:- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- 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)- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an

invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)" ODG states regarding the shoulder "Indications for imaging Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)." The treating physician does not indicate any red flags present that would warrant a shoulder MRI. Additionally, there was no indication of a pending invasive procedure. The medical records did not reveal the results of a plain film X-ray of the shoulder. As such, the for Magnetic Resonance Imaging (MRI) of the right shoulder is not medically necessary.

Magnetic Resonance Imaging (MRI) of the right elbow: 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) Treatment Integrated Treatment/Disability Duration Guidelines, MRI's-Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), MRI's

Decision rationale: ACOEM states, Criteria for ordering imaging studies are:- The imaging study results will substantially change the treatment plan.- Emergence of a red flag.- Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include:- Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis.-Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks.-Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases:-When surgery is being considered for a specific anatomic defect.-To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. ACOEM further recommends MRI for suspected ulnar collateral ligament tears and recommends against MRI for suspected epicondylgia. ODG writes regarding elbow MRI, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow

in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Indications for imaging -- Magnetic resonance imaging (MRI):- Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic- Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic- Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records do not indicate any of the red flags that are indicative for an emergency. No plain films were provided that indicated nondiagnostic findings of the chronic elbow pain. The treating physician notes in treatment notes to rule out epicondylitis. Guidelines state specifically not MRI is necessary for epicondylitis. The treatment notes do not indicate other extenuating circumstances to warrant deviation from the guidelines. As such, the request for Magnetic Resonance Imaging (MRI) of the right elbow is not medically necessary.

Urine drug test: 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) Treatment Integrated Treatment/Disability Duration Guidelines, Urine Drug Testing (UDT)-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43-74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.- "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.- "high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. Treatment notes did not indicate other reasons for this specific request. As such, the current request for Urine drug test is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more "general" and not advised by guidelines. ODG further states, Consider an FCE if: 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician is not specific with regards to MMI. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.