

Case Number:	CM14-0128361		
Date Assigned:	09/05/2014	Date of Injury:	04/28/2005
Decision Date:	10/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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:

Patient is a 72-year-old female who has submitted a claim for right shoulder rotator cuff tear status post repair, cervical musculoligamentous sprain / strain with left upper extremity radiculitis, lumbar spine musculoligamentous sprain / strain with bilateral lower extremities radiculitis, and history of congestive heart failure associated with an industrial injury date of 04/28/2005. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain and low back pain, as well as weakness of both shoulders. This resulted to difficulties in performing housekeeping, sweeping, mopping, doing dishes, cooking, bathing, and dressing. Physical examination showed restricted motion of the lumbar spine with muscle guarding. There was tenderness of all joints in the body. Left shoulder muscles were weak. Reflexes were intact. Treatment to date has included right shoulder surgery (AC joint resection), physical therapy, lumbar epidural steroid injection, and medications. Utilization review from 07/18/2014 modified the request for TENS (transcutaneous electrical nerve stimulation) unit with supplies into one-month trial of TENS due to persistent pain despite physical therapy and medications; denied Hot/Cold unit because at-home local applications of heat or cold were as effective as the unit requested; denied Shockwave therapy x3 for the right shoulder and elbow because of insufficient documentation of objective clinical and imaging findings to support the presence of calcifying tendinitis of the shoulder; denied Shockwave therapy x6 for lumbar because of lack of published evidence concerning its efficacy; denied MRI of the right shoulder, elbows, and lumbar spine because records failed to indicate if symptoms were chronic given the injury date of 2005; denied EMG/NCV of right upper extremity and bilateral lower extremities because of no evidence of progressive neurologic deficit; and denied X-rays of right shoulder, elbows, chest, and lumbar spine because of no evidence of progressive deficits to warrant repeat x-rays; and denied General surgeon referral and gastroenterologist referral because of no clear rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) Unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114,116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient complained of neck pain and low back pain, as well as weakness of both shoulders. Symptoms persisted despite physical therapy, epidural steroid injections, and medications. Use of a TENS unit is a reasonable treatment option at this time. The guidelines recommend one-month trial. However, the request failed to specify duration of treatment, body part to be treated and if the device was for rental or purchase. The request is incomplete; therefore, the request for TENS (transcutaneous electrical nerve stimulation) unit with supplies is not medically necessary.

Hot/Cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the [REDACTED] Thermoelectric Cooling System (an iceless cold compression device), the [REDACTED] Cold/Hot Wrap, and the [REDACTED] Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, there was no discussion as to why standard ice bags/packs would not suffice to provide symptomatic relief. The request likewise failed to specify the body part to be treated or whether the device was for purchase or rental. Therefore, the request for Hot/Cold Unit is not medically necessary.

Shock Wave TherapyX3 right shoulder/elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT); Elbow Chapter, Extracorporeal Shock.

Decision rationale: According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies. ODG recommends extracorporeal shockwave therapy for calcifying tendinitis but not for other shoulder disorders. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders. ODG also states that ESWT for the elbow is not recommended unless there is pain from lateral epicondylitis (tennis elbow) that has remained despite six months of standard treatment. In this case, patient underwent right shoulder arthroscopy for repair of rotator cuff tear. Patient still complained of right shoulder pain. However, there was no recent comprehensive physical exam to support this request. No rationale was presented for ESWT. Moreover, recent progress reports failed to document elbow complaints. The medical necessity cannot be established due to insufficient information. Therefore, the request for Shockwave therapy x3 for the right shoulder and elbow is not medically necessary.

Shockwave therapy X6 lumbar: 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), Low back, Shock wave therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Shock wave therapy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that extracorporeal shockwave therapy (ESWT) is not recommended for the lower back. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In this case, patient complained of chronic low back pain. However, medical records submitted for review failed to document comprehensive examination pertaining to the lumbar spine. There is no documented rationale for ESWT. In the absence of such evidence, the clinical use of this form of treatment is not justified. Therefore, the request for 6 shockwave therapy sessions for the lumbar spine is not medically necessary.

MRI right shoulder: 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.

Decision rationale: Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, patient underwent right shoulder arthroscopy for repair of rotator cuff tear. Patient still complained of right shoulder pain. However, there was no recent comprehensive physical exam to support this request. No rationale was presented for MRI. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of the right shoulder is not medically necessary.

EMG of right upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of chronic cervical pain. However, there was no mention of pain radiation to the right arm. There was likewise no recent comprehensive physical examination to show focal neurologic dysfunction. No clear rationale was presented for EMG. Therefore, the request for EMG of the right upper extremity is not medically necessary.

NCV of right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies, ODG or Medical Evidence guidelines: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to

demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of chronic cervical pain. However, there was no mention of pain radiation to the right arm. There was likewise no recent comprehensive physical examination to show evidence of peripheral neuropathy. No clear rationale was presented for NCV. Therefore, the request for NCV of the right upper extremity is not medically necessary. comprehensive physical examination to show evidence of peripheral neuropathy. No clear rationale was presented for NCV. Therefore, the request for NCV of the right upper extremity is not medically necessary.

EMG of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (Electromyography) and NCS (nerve conduction studies) sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain. There was no mention of pain radiating to lower extremities. There was likewise no recent comprehensive physical examination to show focal neurologic dysfunction. No clear rationale was presented for EMG. Therefore, the request for electromyography (EMG) of the bilateral lower extremities is not medically necessary.

NCV of bilateral lower extremities: 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), Low Back Chapter, EMGs (Electromyography) and NCS (nerve conduction studies) sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS), Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve

Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of chronic back pain. However, there was no mention of pain radiation to the lower extremities. There was likewise no recent comprehensive physical examination to show evidence of peripheral neuropathy. No clear rationale was presented for NCV. Therefore, the request for nerve conduction velocity (NCV) study of the bilateral lower extremities is not medically necessary.

MRI of elbows: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, MRIs

Decision rationale: CA MTUS does not specifically address elbow MRIs. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that indications for elbow MRI include chronic elbow pain with suspicion of chronic epicondylitis, collateral ligament tear, biceps tendon tear, or nerve entrapment or mass, when plain films are non-diagnostic. In this case, the rationale for the request was not provided. The most recent progress reports failed to document subjective complaints and objective findings pertaining to the elbow. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of elbows is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or

progressive neurologic deficit. In this case, patient complained of chronic low back pain. However, medical records submitted for review failed to document comprehensive examination pertaining to the lumbar spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.

X-rays right shoulder: 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): 207.

Decision rationale: The CA MTUS ACOEM guidelines state that diagnostic studies are needed when there is a new injury, red flags or a trauma. In this case, patient underwent right shoulder arthroscopy for repair of rotator cuff tear. Patient still complained of right shoulder pain. However, there was no recent comprehensive physical exam to support this request. No rationale was presented for x-ray. No new trauma or injury was documented to warrant such. The medical necessity cannot be established due to insufficient information. Therefore, the request for x-ray of the right shoulder is not medically necessary.

X-rays of elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, table 5 and algorithm 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Section, Radiography (x-rays).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. In this case, the rationale for the request was not provided. The most recent progress reports failed to document subjective complaints and objective findings pertaining to the elbow. The medical necessity cannot be established due to insufficient information. Therefore, the request for x-ray of Elbows is not medically necessary.

X-rays of chest: 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), Pulmonary chapter, X-ray

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Section, Chest X-ray

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG recommends chest x-Ray with acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. In this case, a progress report from July 2013 cited that patient had a concomitant asthma. However, the most recent progress reports failed to document subjective complaints or objective findings pertaining to the pulmonary system to warrant chest x-ray. There was no clear indication for this request. Therefore, the request for x-ray of the Chest is not medically necessary.

X-rays of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of chronic low back pain. However, medical records submitted for review failed to document comprehensive examination pertaining to the lumbar spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing x-ray. No new trauma or injury was documented. Therefore, request for x-ray of the lumbar spine is not medically necessary.