

Case Number:	CM14-0139363		
Date Assigned:	09/08/2014	Date of Injury:	04/28/2014
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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, 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:

The patient is a 64 year old with an injury date on 4/28/14. Patient complains of bilateral wrist/hand pain, right shoulder pain, lower lumbar pain radiating to bilateral lower extremities with numbness/tingling, and right knee pain per 7/31/14 report. Based on the 7/31/14 progress report provided by [REDACTED] the diagnoses are: 1. bilateral wrist and forearm tendinitis with probably carpal tunnel syndrome 2. right shoulder s/s and bursitis 3. lumbar musculoligamentous s/s with bilateral lower extremity radiculitis and bilateral sacroiliac joint spasm 4. right knee patellofemoral arthralgia 5. internal medicine complaints, deferred to the appropriate specialist 6. stress and anxiety, deferred to the appropriate specialist Exam on 7/31/14 showed "L-spine range of motion is severely limited, especially extension at 8 degrees. Tenderness to palpation of L-spine, with muscle guarding/spasm Range of motion of right shoulder is full, but there is tenderness to palpation over subacromial region and crepitus is present upon ranging." [REDACTED] is requesting EMG/NCV of bilateral upper extremities, interferential unit for pain management, diagnostic ultrasound study of the right shoulder, and rheumatologic consultation. The utilization review determination being challenged is dated 8/8/14 and denies EMG/NCV as conservative treatment has not yet begun, and denies ultrasound for right shoulder as MTUS does not support diagnostic ultrasonography for the shoulder, and denies rheumatologic consult as patient has not yet begun treatment for numerous musculoskeletal complaints and diagnostic blood testing to exclude autoimmune disease has not yet been done. [REDACTED] is the requesting provider, and he provided a single treatment report from 7/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 260-262.

Decision rationale: This patient presents with bilateral wrist/hand pain, right shoulder pain, lower back pain radiating to bilateral legs, and right knee pain. The provider has asked for EMG/NCV of bilateral upper extremities on 7/31/14 "to rule out focal compressive neuropathy." "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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Patient presents with possible CTS and radiculopathy which require electrodiagnostic studies to differentiate. Recommendation is medically necessary.

Interferential unit for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with bilateral wrist/hand pain, right shoulder pain, lower back pain radiating to bilateral legs, and right knee pain. The provider has asked for interferential unit for pain management on 7/31/14. Per MTUS guidelines, interferential units are recommended if medications do not work, history of substance abuse or for post-operative pain control. After a one-month trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, patient has failed conservative treatments and medication is not effective. The provider has asked for Interferential unit which is appropriate for patient's chronic pain condition. However, MTUS require one-month home trial before it can be used more permanently. There is no evidence that the patient has had a successful one-month trial of the IF unit. Recommendation is for denial.

Diagnostic ultrasound study of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-5.

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

Decision rationale: This patient presents with bilateral wrist/hand pain, right shoulder pain, lower back pain radiating to bilateral legs, and right knee pain. The provider has asked for diagnostic ultrasound study of the right shoulder on 7/31/14 "to rule out internal derangement and consider additional treatment options." Regarding ultrasound of the shoulder, ODG states that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. In this case, the patient has functional deficits in the right shoulder, and an ultrasound to rule out rotator cuff tear appears to be reasonable for this patient's condition. Recommendation is medically necessary.

Rheumatologic consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127

Decision rationale: This patient presents with bilateral wrist/hand pain, right shoulder pain, lower back pain radiating to bilateral legs, and right knee pain. The provider has asked for rheumatologic consultation on 7/31/14 "to rule out any underlying condition such as fibromyalgia." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The case is complicated, and patient presents with anxiety/depression, numbness/tingling, and musculoskeletal pain suggestive of fibromyalgia. ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The consultation with the rheumatologist appears to be in accordance with ACOEM and can potentially move the case forward. Recommendation is medically necessary.