

Case Number:	CM14-0155458		
Date Assigned:	09/25/2014	Date of Injury:	07/11/2014
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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 is a 56-year-old female patient who reported an industrial injury on 7/11/2014, attributed to the performance of her usual and customary job tasks reported as cumulative trauma and a MVA. The patient is not working. The industrial injury is accepted for the soft tissue of the neck, lower back area, lower extremities including left foot and knee and internal organs. A lumbar spine MRI documented multilevel disc protrusions L4-L5 and L5-S1. A right shoulder ultrasound demonstrated evidence of thinning of the supraspinatus tendon and adhesions with no re-tear. The patient was documented to of had a prior left carpal tunnel release; right carpal tunnel release; and a right shoulder arthroscopy with subacromial decompression, Mumford procedure, and debridement of rotator cuff. The patient complained of neck, bilateral shoulder, bilateral elbow, bilateral forearm wrist and hand, left middle finger pain; bilateral knee pain; and lower back pain radiating to the bilateral lower extremities. The patient reportedly claimed GI issues due to medication and stress. The objective findings on examination included tenderness to palpation to the cervical spine; slight to moderate muscle spasm over the paravertebral musculature; diminished range of motion to the cervical spine; tenderness to palpation to the bilateral shoulders; tenderness to palpation over the subacromial region; range of motion of the shoulders were documented; tenderness to palpation over the lateral epicondyles; atrophy of the bilateral thenar Eminences; tenderness to palpation of the A1 pulley left middle finger; lumbar spine tenderness to palpation over the paravertebral musculature; range of motion of the lumbar spine is diminished; bilateral knees with tenderness palpation over the medial joint line and the infra patellar region; patellofemoral crepitus present. The diagnoses included cervical/lumbar spine and left foot sprain/strain; status post right shoulder arthroscopy; left shoulder strain; bilateral elbow medial and lateral epicondylitis; bilateral forearm flexor and extensor tenosynovitis; bilateral wrist strain; left middle finger strain; bilateral knee contusions. The

treatment plan included aquatic therapy 24; Norflex 100 mg #60; and a right upper extremity EMG/NCV. The patient was also ordered a TENS unit; reevaluation with a rheumatologist; internal medicine consultation; Norco 2.5 mg/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Aquatic therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints Page(s): 203,299-300,Chronic Pain Treatment Guidelines Physical Medicine,Aquatic Therapy Page(s): 98-99,22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 Official Disability Guidelines (ODG) lower back section--PT; knee section--PT;

Decision rationale: The patient is not precluded from performing land-based exercise. There is no rationale to support additional PT in the form of aquatic therapy over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care. There were no objective findings on examination to support the medical necessity of aquatic therapy directed to the neck, back, shoulder, or knee. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine for sprain/strains, degenerative disc disease or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient was some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool

therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state. "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no demonstrated medical necessity for the requested 2x4 sessions of aquatic therapy directed to the lumbar/cervical spine or for the cited diagnoses.

EMG upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261,303,301,298,48,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal tunnel syndrome--EDS

Decision rationale: The patient was noted to complain of worsening pain to the neck and left upper extremity. There were no complaints or neurological deficits documented for the right upper extremity. The patient was requested to have an EMG of the right upper extremity directed to the diagnosis of neck and RUE pain. There is no documentation of any neurological deficits to the RUE. There was no noted neurological deficits to the RUE in addition to the cited symptoms to the LUE. The objective findings on examination as documented were limited to the tenderness with palpation and no demonstrated neurological deficits to the RUE. There were no complaints to the RUE other than subjective complaints and there were no documented objective findings to the RUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of Electrodiagnostic studies of the RUE for an evaluation of a nerve compression neuropathy or radiculopathy. The EMG of the RUE was ordered as a screening test. The request for the authorization of the EMG of the right upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the RUE in relation to the DOI.

NCV upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand

Complaints, Chapter 12 Low Back Complaints Page(s): 261,303,301,298,48,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal tunnel syndrome--EDS

Decision rationale: The patient was noted to complain of worsening pain to the neck and right upper extremity. There were no complaints or neurological deficits documented for the right upper extremity. The patient was requested to have an NCV of the right upper extremity directed to the diagnosis of increased neck and LUE pain. There is no documentation of any neurological deficits to the RUE. There were no noted neurological deficits to the RUE in addition to the reported objective findings on examination. The objective findings on examination as documented were limited to the tenderness with palpation and no demonstrated neurological deficits to the RUE. There were no complaints to the RUE other than subjective complaints and there were no documented objective findings to the RUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of Electrodiagnostic studies of the RUE for an evaluation of a nerve compression neuropathy or radiculopathy. The NCV of the RUE was ordered as a screening test. The request for the authorization of the NCV of the right upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the RUE in relation to the DOI. There is no demonstrated medical necessity for a NCV of the right upper extremity.

Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Norflex (Orphenadrine) 100 mg is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the back. The prescription for orphenadrine 100 mg is not demonstrated to be medically necessary for the effects of the industrial injury. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement through the use of the prescribed Norflex 100 mg.