

<b>Case Number:</b>	CM14-0165048		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, low back, knee, hand, and shoulder pain reportedly associated with cumulative trauma at work first claimed on May 12, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 12, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy at eight sessions of the same, denied a request for Norco, denied a toxicology consultation, denied electrodiagnostic of the bilateral upper extremities, and partially approved electrodiagnostic testing of the left lower extremity alone. The claims administrator stated that the applicant had had previous electrodiagnostic testing. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines in its denial and incorrectly stated that the MTUS did not address the topic of consultations. The claims administrator acknowledged that it was basing its decision on an August 25, 2014 DFR. The applicant's attorney subsequently appealed. In a progress note dated October 7, 2014, the applicant was placed off of work, on total temporary disability. Electrodiagnostic testing of the bilateral upper extremities was sought. The applicant reported persistent complaints of right shoulder, right wrist, and right hand pain. The applicant's symptoms were reportedly unchanged. Left hand and bilateral knee pain were also noted with low back pain radiating into bilateral lower extremities, collectively rated at 8/10. It was stated that there was some suspicion of a toxic exposure here for which toxicology consultation was sought. The applicant was kept off of work. The requesting provider was an orthopedist. The attending provider stated that the applicant's pain scores were reduced from 8/10 without medications to 6/10 pain with medications. Large portions of the progress note employed preprinted checkboxes. It was stated that the applicant also carried ancillary diagnosis of trigger

finger. The applicant was diabetic and using glipizide, it was further acknowledged. In a Doctor's First Report (DFR) dated August 20, 2014, the applicant stated that she has been exposed to various cleaning chemicals while working as a custodian at a hospital operated by the county. Multifocal hand, wrist, elbow, shoulder, back, and bilateral knee pain complaints were noted. The applicant had issues with paresthesias about the hands. The applicant stated that she has already had electrodiagnostic testing of the bilateral extremities which established a diagnosis of carpal tunnel syndrome through an earlier treating provider. Decreased sensorium was noted about the left lower extremity and in the right upper extremity about the median nerve dermatome. The applicant exhibited a slight limp. The attending provider suggested that the applicant obtain electrodiagnostic testing of the bilateral upper and bilateral lower extremities. The applicant was given Norco for pain relief. The applicant was placed off of work, on total temporary disability. Electrodiagnostic testing of the upper extremities of July 11, 2014 was notable for a mild bilateral carpal tunnel syndrome and a mild right-sided cubital tunnel syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the back, bilateral knee, bilateral hands, right shoulder, right elbow and right wrist, 3 times a week for 4 weeks, QTY: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 26, it is reasonable to expect that if a particular treatment is going to benefit a particular applicant, beneficial effects should be evident within two to three treatments. ACOEM goes on to note that continuing with the treatment that has not resulted in objective improvement is not reasonable. ACOEM Chapter 10, page 26 further notes that treatment which has not resulted in improvement after a couple of visits should either be modified substantially or discontinued. The 12-session course of treatment proposed, thus, runs counter to ACOEM principles and parameters as it does not contain any provision to discontinue treatment if physical therapy proves ineffectual. Therefore, the request is not medically necessary.

**Norco 5/325 mg, QTY: 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 308.

**Decision rationale:** The request in question did represent a first-time request for Norco, seemingly initiated on the applicant's first report with her new primary treating provider (PTP). As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308 and the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, a short course of opioids is deemed "optional" in the evaluation and management of neck, upper back, and lower back complaints, as are present here. Therefore, the request is medically necessary.

**Consultation with a Toxicologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Evaluations and Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP) is an orthopedist who may be uncomfortable treating and/or addressing issues with alleged toxic exposures. Obtaining the added expertise of a toxicologist, who is likely better-equipped to address such issues, is indicated. Therefore, the request is medically necessary.

**EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) studies of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** The applicant has had earlier positive electrodiagnostic testing which did establish a diagnosis of mild bilateral carpal tunnel syndrome and right-sided cubital tunnel syndrome. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic test may be repeated later in the course of treatment if symptoms persist in applicants in whom earlier testing was negative, in this case, however, the applicant's earlier testing was, in fact, positive, effectively obviating the need for the proposed repeat studies. Therefore, the request is not medically necessary.

**EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) studies of the right lower extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is recommended to clarify diagnosis of suspected nerve root dysfunction. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, however, the applicant is diabetic. There is some suspicion of a generalized diabetic neuropathy present about the lower extremities superimposed on a suspected lumbar radiculopathy. The applicant has ongoing complaints of low back pain radiating into the bilateral lower extremities, it was noted on several handwritten progress notes referenced above. Obtaining electrodiagnostic of the lower extremities to distinguish between the presence or absence of a bona fide lumbar radiculopathy versus a generalized peripheral neuropathy versus a diabetic neuropathy is indicated. Therefore, the request is medically necessary.