

Case Number:	CM14-0183575		
Date Assigned:	11/10/2014	Date of Injury:	03/25/2014
Decision Date:	12/30/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 patient is a 59-year-old female who has submitted a claim for cervicothoracic strain / arthrosis, status post bilateral shoulder arthroscopic rotator cuff repair, bilateral elbow epicondylitis, probably bilateral carpal tunnel syndrome, cubital tunnel syndrome, left thumb carpometacarpal joint arthrosis, lumbosacral strain / arthrosis, left hip trochanteric bursitis, bilateral knee contusion / patellofemoral syndrome, and temporomandibular joint complaint associated with an industrial injury date of 3/25/2014. Medical records from 2014 were reviewed. The patient complained of pain at the low back, bilateral knees, head, jaw, neck, arms, shoulders, wrists, and hands. Aggravating factors included prolonged walking, sitting, and standing. The patient complained of neck pain described as aching, sharp, and throbbing, radiating to bilateral upper extremities. Low back pain likewise radiated to bilateral lower extremities associated with numbness and tingling sensation. Physical examination of the left shoulder showed tenderness, positive Hawkin's test, positive Neer's test, normal strength, and scapular dyskinesia. Tinel's sign was positive at both elbows and wrists. Phalen's test was likewise positive bilaterally. Thenar strength was 4/5 bilaterally. There was positive carpometacarpal grind test on the left. Reflexes and sensory were intact. Physical examination of the lumbar spine showed restricted motion and positive straight leg raise test bilaterally. Motor strength, reflexes, and sensory of bilateral lower extremities were unremarkable. A supplemental report from 10/23/2014 cited no present request for physical therapy. Treatment to date has included lumbar epidural steroid injection, 12 sessions of physical therapy, and medications such as gabapentin, naproxen, and Norco. The utilization review from 10/16/2014 denied the request for physical therapy x 12 sessions because of no documented functional outcomes from previous sessions; modified the request for referral to a spine specialist, for evaluation and treatment into specialist evaluation only because the need for any specific treatment would depend on the

results of the consultation; denied the request for EMG/NCS of bilateral upper extremities because of normal neurologic examination findings; modified the request for dentist referral for evaluation and treatment into dental evaluation only because the need for any specific treatment would depend on results of the consultation; and modified the request for Norco 10/325 mg, 1 tab po bid prn pain #60 with 1 refill into Norco one-month supply, no refills for the purpose of weaning because of no supporting evidence of objective functional benefit with medication use. The utilization review from 11/06/2014 certified the request for EMG/NCS of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient complained of pain at the low back, bilateral knees, head, jaw, neck, arms, shoulders, wrists, and hands. Aggravating factors included prolonged walking, sitting, and standing. The patient complained of neck pain described as aching, sharp, and throbbing, radiating to bilateral upper extremities. Low back pain likewise radiated to bilateral lower extremities associated with numbness and tingling sensation. Physical examination of the left shoulder showed tenderness, positive Hawkin's test, positive Neer's test, normal strength, and scapular dyskinesis. Tinel's sign was positive at both elbows and wrists. Phalen's test was likewise positive bilaterally. Thenar strength was 4/5 bilaterally. There was positive carpometacarpal grind test on the left. Reflexes and sensory were intact. Physical examination of the lumbar spine showed restricted motion and positive straight leg raise test bilaterally. Motor strength, reflexes, and sensory of bilateral lower extremities were unremarkable. Patient completed a course of 12 sessions of physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Moreover, a supplemental report from 10/23/2014 cited no present request for physical therapy. Therefore, the request for physical therapy 12 sessions is not medically necessary.

Referral for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, 2nd Edition Consultations

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, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. . In this case, the patient complained of pain at the low back, bilateral knees, head, jaw, neck, arms, shoulders, wrists, and hands. Aggravating factors included prolonged walking, sitting, and standing. The patient complained of neck pain described as aching, sharp, and throbbing, radiating to bilateral upper extremities. Low back pain likewise radiated to bilateral lower extremities associated with numbness and tingling sensation. Physical examination of the left shoulder showed tenderness, positive Hawkin's test, positive Neer's test, normal strength, and scapular dyskinesis. Tinel's sign was positive at both elbows and wrists. Phalen's test was likewise positive bilaterally. Thenar strength was 4/5 bilaterally. There was positive carpometacarpal grind test on the left. Reflexes and sensory were intact. Physical examination of the lumbar spine showed restricted motion and positive straight leg raise test bilaterally. Motor strength, reflexes, and sensory of bilateral lower extremities were unremarkable. The present request is for referral to orthopedics. However, an orthopedic specialist is already seeing the patient. The last office visit was dated 8/18/2014; she was advised MRI of the left shoulder and refill of prescriptions. There is no clear rationale why referral to another specialist is needed. Moreover, it is not reasonable to certify an ambiguous request for a treatment procedure. Therefore, the request for referral for evaluation and treatment is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, electromyography (EMG) and nerve conduction studies (NCS) studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies 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: 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. 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, the patient complained of neck pain described as aching, sharp, and throbbing, radiating to bilateral upper extremities. Tinel's sign was positive at both elbows and wrists. Phalen's test was likewise positive bilaterally. Thenar strength was 4/5 bilaterally. Reflexes and sensory were intact. Clinical manifestations were consistent with neuropathy, hence, NCV may be warranted. However, there was no focal neurologic deficit to highly suspect presence of radiculopathy. Moreover, the utilization review from 11/06/2014 certified the request for EMG/NCS of bilateral upper extremities. Therefore, the request for EMG/NCV bilateral upper extremities is not medically necessary.

Dentist referral for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, 2nd Edition Consultations

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, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there is no documented rationale concerning need for a dentist referral. There are no subjective complaints and objective findings to corroborate this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for dentist referral for evaluation and treatment is not medically necessary.

Norco 10/325mg one tab po bid prn pain #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for Norco is not documented in the records submitted. Moreover, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management.

Therefore, the request for Norco 10/325mg one tab po bid prn pain #60 with 1 refill is not medically necessary.