

Case Number:	CM14-0021693		
Date Assigned:	05/05/2014	Date of Injury:	08/24/2009
Decision Date:	08/04/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 42-year-old female who has filed a claim for right shoulder impingement syndrome and bilateral knee osteoarthritis associated with an industrial injury date of August 24, 2009. Review of progress notes indicates an extremely obese patient with neck pain radiating into both shoulders and the upper back; bilateral shoulder pain radiating into both arms, increased upon reaching behind and lifting; left thumb pain; low back pain radiating into the buttocks and thighs; and bilateral knee pain, more on the left, with weakness and giving way. Findings include tenderness over the cervical region, right shoulder, and bilateral knees; limited and painful range of motion of the cervical region and right shoulder; positive apprehension test and impingement maneuver of the right shoulder; and positive McMurray's sign of the knees. Patient has a BMI of 48. Patient is on modified, restricted duty. Electrodiagnostic study of the upper extremities dated June 10, 2011 showed normal results. X-rays of bilateral knees showed mild narrowing of the medial joint line space bilaterally. X-rays of the right shoulder showed mild osteophyte formation and subchondral cyst changes on the clavicle at the AC joint level. X-rays of the left shoulder was unremarkable. Treatment to date has included topical analgesics, NSAIDs, opioids, muscle relaxants, physical therapy, right shoulder injection, and TENS. Utilization review from February 10, 2014 denied the requests for EMG/NCS of bilateral upper extremities as there was no documentation of red flag signs or neurological findings; and MR arthrogram of the right shoulder as there was no indication of a specific anatomic defect for which an MR arthrogram is indicated. There was modified certification for 6 pool therapy sessions to bilateral knees and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE POOL THERAPY SESSIONS FOR THE BILATERAL KNEES AND BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22..

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. According to ODG, 9 visits over 8 weeks are recommended for knee arthritis, and 10 visits over 8 weeks are recommended for impingement syndrome of the shoulder. This patient has had several courses of land-based physical therapy to the shoulders and upper back in the past, with noted improvement. This patient has extreme obesity with a BMI of 48, for which water-based therapy is necessary. However, the requested number of therapy sessions exceeds guideline recommendations, and the patient does not present with findings referable to the left shoulder. Therefore, the request for 12 pool therapy sessions for the bilateral knees and bilateral shoulders was not medically necessary.

EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EMG CERVICAL SPINE, CHAPTER 8- NECK AND UPPER BACK COMPLAINTS Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

Decision rationale: CA MTUS criteria for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. (ODG) Official Disability Guidelines states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, there are no clear findings of neurologic deficits of radiculopathy or nerve entrapment. Therefore, the request for EMG bilateral upper extremities was not medically necessary.

NCS BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NCV Chapter 8- Neck & Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Nerve Conduction Study (NCS).MTUS: NCV, CHAPTER 8- NECK AND UPPER BACK COMPLAINTS, 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Nerve conduction studies (NCS).

Decision rationale: CA MTUS criteria for Electromyography (EMG)/Nerve Conduction Study (NCS) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when symptoms are presumed to be due to radiculopathy. In this case, there are no clear findings of neurologic deficits of radiculopathy or nerve entrapment. Therefore, the request for NCS bilateral upper extremities was not medically necessary.

ONE MR ARTHROGRAM OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

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, ODG was used instead. According to ODG, MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. In this case, there is no documentation of previous rotator cuff repair, or of findings suggestive of a labral tear. Also, x-ray of the right shoulder did not show significant pathology. Therefore, the request for MR arthrogram of the right shoulder was not medically necessary.