

Case Number:	CM14-0024274		
Date Assigned:	06/11/2014	Date of Injury:	01/15/2014
Decision Date:	07/23/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 claimant was injured on 01/15/14. He was diagnosed with injuries to his neck, upper back, and right shoulder. He was referred to a chiropractor in January 2014 and MRIs of the lumbar spine and bilateral elbows were ordered. His shoulders and neck had full and symmetrical range of motion. Right elbow had tenderness over the lateral epicondylar region with a 2 inch scar. Range of motion was 5-140. Left elbow was also tender over the lateral epicondyle with 0 to 160 degree range of motion. He had full and symmetrical motion of both wrists with bilateral elbow pain. Reflexes were preserved. He had increased low back pain and stiffness. He was status post arthroscopic surgery of the right knee. He had an effusion. X-rays were done in all areas. On 02/04/14, chiropractic treatments were modified to 6 and NCV/EMG and multiple MRIs were not medically necessary. He has also status post MRI of the lumbar spine in February 2014. He also has non-orthopedic and emotional injuries. An MRI of the right elbow on 02/20/14 revealed a partial tear of the common extensor tendon attachment. MRI of the lumbar spine revealed a right foraminal protrusion with annular tear and moderate right neuroforaminal stenosis at L4-L5. The disc indented the thecal sac with mild central canal stenosis. MRI of the left elbow showed mild edema and irregularity of the common extensor tendon attachment. There was some tendonitis. [REDACTED] the chiropractor stated that his neck, thoracic, and low back symptoms had improved with his chiropractic care. No orthopedic evaluation was recommended. He underwent EMG on 02/19/14 of the upper extremities, which was normal. Nerve conduction study was also normal. He saw [REDACTED] for an orthopedic evaluation on 03/13/14 and complained of gradual pain in his knees, elbows, upper back, shoulders, neck, and low back that he attributed to repetitive standing, kneeling, and squatting. He had stopped working. He had crying spells, anxiety, and depression with chronic pain and work-related stress. On 04/09/14, he saw [REDACTED] for an orthopedic evaluation. He complained of bilateral knee, right elbow, low

back, and neck pain. He is status post arthroscopic surgery on both knees. The surgery helped, but then he was injured again at work. He had MRIs of the low back and left elbow in the past. He complained of intermittent minimal to slight pain on the right side of the neck without radicular pain to either arm. The pain was made worse by activities. He had slight pain in the low back without radiation of the pain into the either leg. He had intermittently slight pain in both shoulders. This was the same for both knees and he had constant moderate pain in the right lateral elbow and intermittent minimal to slight left elbow pain. He was not taking pain medications. Physical examination revealed good range of motion of the cervical spine with no significant tenderness. There was no tenderness above the shoulders. There was slight tenderness with some scapular trigger points bilaterally. He had slight tenderness over the left elbow epicondyle. He had pain with extremes of flexion and extension. His wrists were unremarkable. The notes are difficult to read because there is a thick black line that goes down through the entire note. He is status post right elbow extensor tendon reconstruction with residual right elbow pain. He is status post bilateral knee arthroscopic surgery and has residual left lateral epicondylitis and chronic cervical strain. He has chronic back pain with MRI evidence of disc bulges at two levels. He also has chronic gastritis due to NSAIDs and psych problems due to chronic pain. He was attending acupuncture. A cortisone injection was recommended for his elbow and low back, but he declined. He was advised to use a back brace. He was referred to a psychiatrist for depression and anxiety. He was advised to continue medications and he had ongoing pain due to right greater than left elbow joint injuries. Acupuncture and referral to a gastroenterologist/internist were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS 3X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 92.

Decision rationale: The history and documentation do not objectively support the request for chiropractic treatment for 18 visits (3 x 6). The California MTUS page 92 states manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the claimant has had chiropractic care but it is not clear what specific benefit he has received or what objective and measurable benefit is anticipated from

continuation of this type of treatment. There is brief mention of benefit but objective evidence of improvement, including functional restoration, from this treatment has not been described. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NVC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-6.

Decision rationale: The history and documentation do not objectively support the request for NCV. The California MTUS/ACOEM Guidelines, chapter 11, Special Studies, Table 11-6 states electrodiagnostic studies can be recommended for the evaluation of carpal tunnel syndrome. There is no evidence that carpal tunnel syndrome was being evaluated and no focal neurologic deficits have been described in file during the period of time between the injury and the time this study was recommended. There is no evidence that the claimant had completed or attempted and failed a conservative course of care. The medical necessity of this request has not been clearly demonstrated.

ELECTROMYOGRAM (EMG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-6.

Decision rationale: The history and documentation do not objectively support the request for EMG. The California MTUS/ACOEM Guidelines, chapter 11, Special Studies, Table 11-6 states electrodiagnostic studies can be recommended for the evaluation of carpal tunnel syndrome. Also, chapter 8, Special Studies states electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is no evidence that carpal tunnel syndrome was being evaluated and no focal neurologic deficits have been described in file during the period between the injury and the time this study was recommended such that it appears that radiculopathy was being evaluated. There is no evidence that the claimant had completed or attempted and failed a conservative course of care prior to the special studies having been done. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the cervical spine. The California MTUS Special Studies section states "Criteria for ordering imaging studies are Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, and Clarification of the anatomy prior to an invasive procedure. There is no evidence of a red flag based on symptoms or physical findings. There is no documentation of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery was under consideration. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the thoracic spine. The California MTUS Special Studies section states criteria for ordering imaging studies are Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, and Clarification of the anatomy prior to an invasive procedure. There is no evidence of a red flag based on symptoms or physical findings. There is no documentation of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery was under consideration. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The history and documentation do not objectively support the request for an MRI of the right shoulder. The California MTUS Special Studies section states routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. There is no evidence of a red flag based on symptoms or physical findings. There is no documentation of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery was under consideration. There is no evidence in the file to support proceeding with this type of imaging study prior to a trial of conservative care. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.