

Case Number:	CM14-0025181		
Date Assigned:	06/11/2014	Date of Injury:	11/23/2013
Decision Date:	12/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 62 year old female with an injury date of 11/23/12. In the progress report dated 01/24/14, the patient complains of right shoulder pain that affects the entire arm. She also complains of pain in neck radiating to the right shoulder, headaches, swelling of the right upper extremity, balance disorders, sleep disorders, and possible neuropathy. Physical examination of the right shoulder reveals tenderness at the AC joint and the subacromial bursa. The patient has positive Neer and Hawkins test. Physical examination of the cervical spine shows decreased range of motion on lateral bending. She also has pain and tendonitis across her arm from shoulder to the hand. As per progress report dated 01/08/14, the patient also complains of low back pain, bilateral hip, bilateral knee, bilateral foot, and ankle pain. The patient rates her cervical spine and right shoulder pain at 7/10; her bilateral knee pain at 8/10; and her low back pain at 9/10. Physical examination of the cervical spine reveals diffuse tenderness and mild mid-facet tenderness bilaterally along with positive axial head compression and Spurling sign. The impingement sign and the supraspinatus test are positive on the right side. There is lateral epicondylar tenderness on the elbows bilaterally. Sensory examination reveals hypoesthesia in the right median nerve distribution. Physical examination of the lumbar spine reveals diffuse thoracolumbar spine tenderness bilaterally along with positive Piriformis tenderness. Straight leg raise is positive bilaterally. The patient received 12 sessions of physical therapy with temporary relief, as per progress report dated 12/20/13. She underwent right shoulder arthroscopy on 02/21/13, as per the same report. Her medications include non-steroidal and non-narcotic analgesics including Tramadol, as per progress report dated 01/08/14. Patient was placed on temporary total disability, as per progress report dated 01/24/14. X-ray of the Cervical Spine, as per progress report dated 01/08/14:- Advanced cervical spondylosis with decreased bone mineral density- Disc space narrowing at C4-5 and C5-6 with anterior lipping at C5. X-ray of the Pelvic

joint, as per progress report dated 01/08/14: Moderate sacroiliac joint degeneration, left greater than right with partial fusion. X-ray of bilateral knees, as per progress report dated 12/20/13: Findings not mentioned. MRI of the Lumbar Spine, 12/03/13:- L3-4 - 2mm broad-based posterior disc protrusion which results in mild central canal stenosis.- L4-5 - 1mm broad-based posterior disc protrusion with mild left neural foraminal narrowing MRI Arthrogram of the Right Shoulder, as per progress report dated 01/08/14- Mild tendinosis of the supraspinatus, infraspinatus, and supracapularis tendons.- Mild degeneration of the acromioclavicular joint. Diagnosis, 01/24/14- Right shoulder internal derangement- Probable subacromial bursitis- Probable AC arthrosis- Neuropathy, vertigo, and sleep disturbance The provider is requesting for (a) pool therapy times twelve sessions for chronic pain symptoms, low back and lower extremity arthralgias/ denied per physician adviser (b) electrodiagnostic studies of the bilateral upper extremities/ denied per physician adviser (c) crp, esr, & hla - b27 testing/ denied per physician adviser. The utilization review determination being challenged is dated 01/27/14. The rationale follows:(a) pool therapy times twelve sessions for chronic pain symptoms, low back and lower extremity arthralgias/ denied per physician adviser - "Documentation does not describe the need for a reduced weight-bearing environment , or specific musculoskeletal impairments that would prevent performance of a land-based program."(b) electrodiagnostic studies of the bilateral upper extremities/ denied per physician adviser - "Additional diagnostic workup should be postponed pending results of MRI."(c) CRP, ESR, & HLA - B27 testing/ denied per physician adviser - "The documentation does not provide rationale that would support the requested labs at this time." Treatment report was provided for 08/09/13 - 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy times twelve sessions for chronic pain symptoms, low back and lower extremely arthralgias: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient complains of right shoulder pain, neck pain radiating to the right shoulder, headaches, swelling of the right upper extremity, balance disorders, sleep disorders, and possible neuropathy, as per progress report dated 01/24/14. She also complains of low back pain, bilateral hip, bilateral knee , bilateral foot and ankle pain, as per progress report dated 01/08/14. The pain ranges from 7-10/10. The request is for Pool therapy times twelve sessions for chronic pain symptoms, low back and lower extremely arthralgias. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Review of the available reports indicates the patient suffers from chronic lower back pain and neck pain that radiates into the lower and upper

extremities respectively. The patient underwent arthroscopy for the right shoulder but did not get the desired benefits. She also underwent 12 sessions of physical therapy, as per progress report dated 12/20/13, which only led to temporary relief. There is no evidence of prior pool therapy sessions. In progress report dated 01/08/14, the provider says "In light of her severe global pain, low back and lower extremity orthopedic complaints and arthralgias, pool therapy is predicted to be the most effective form of treatment." The patient is 5 feet, 2 inches tall and weighs 170 lbs. While pool therapy may be helpful, the requested 12 sessions exceed what is allowed by MTUS for requests outside of post-operative time frame. Furthermore, there is no indication that this patient requires non-weight bearing exercises and that prior therapy has been of any benefit. Recommendation is for denial.

Electrodiagnostic studies of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 262, 303.

Decision rationale: The patient complains of right shoulder pain, neck pain radiating to the right shoulder, headaches, swelling of the right upper extremity, balance disorders, sleep disorders, and possible neuropathy, as per progress report dated 01/24/14. She also complains of low back pain, bilateral hip, bilateral knee pain, and bilateral foot and ankle pain, as per progress report dated 01/08/14. The pain ranges from 7-10/10. The request is for Electrodiagnostic studies of the bilateral upper extremities. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient presents with neck and back pain radiating to the upper and lower extremities respectively. Diagnosis, as per progress report dated 01/24/14, reveals neuropathy. These conditions may require electrodiagnostic studies for accurate diagnosis and differentiation. Review of the reports does not show evidence of prior electrodiagnostic studies. In the progress report dated 01/08/14, the provider recommends "electrodiagnostic studies of the upper extremities with findings of symptomatic right Carpal Tunnel syndrome." MRI of the Lumbar Spine, dated 12/03/13, reveals central canal stenosis at L3-4 and left foraminal narrowing at L4-5. Given the patient's conditions of both upper and lower extremity issues, recommendation is medically necessary.

CRP, ESR & HLA-B27 testing: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine; and <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm> MedlinePlus; <http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm>; <http://www.nlm.nih.gov/medlineplus/ency/article/003551.htm>

Decision rationale: The patient complains of right shoulder pain, neck pain radiating to the right shoulder, headaches, swelling of the right upper extremity, balance disorders, sleep disorders, and possible neuropathy, as per progress report dated 01/24/14. She also complains of low back pain, bilateral hip, bilateral knee pain, and bilateral foot and ankle pain, as per progress report dated 01/08/14. The pain ranges from 7-10/10. The request is for CRP, ESR & HLA-B27 testing. The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>, states "the CRP test is a general test to check for inflammation in the body. It is not a specific test. That means it can reveal that you have inflammation somewhere in your body, but it cannot pinpoint the exact location." It can be used to check for inflammatory diseases such as rheumatoid arthritis, lupus or vasculitis, or to determine the impact of an anti-inflammatory medication. With regards to ESR, MedlinePlus states at <http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm> that "ESR ... is a test that indirectly measures how much inflammation is in the body." The test is used for certain types of arthritis, muscle symptoms, and to monitor certain inflammatory illnesses. However, the website also states that "It is a screening test. This means it cannot be used to diagnose a specific disorder." For HLA-B27, MedlinePlus says, at <http://www.nlm.nih.gov/medlineplus/ency/article/003551.htm>, "HLA-B27 is a blood test to look for a protein that is found on the surface of white blood cells. The protein is called human leukocyte antigen B27 (HLA-B27). Human leukocyte antigens (HLAs) are proteins that help the body's immune system tell the difference between its own cells and foreign, harmful substances." This test is done along with CRP and ESR to determine the cause of joint pain, stiffness and swelling. In this case, patient suffers from pain in neck and low back along with upper and lower extremities. Arthroscopic surgery of the left shoulder and physical therapy have not helped reduce pain or improve activities of daily living. Further evaluation of the patient's condition is important. CRP, ESR, & HLA -B27 testing may help rule out underlying inflammatory conditions such as rheumatologic conditions. Recommendation is medically necessary.