MAXIMUS Federal Services

Case Number:	CM14-0041602		
Date Assigned:	06/30/2014	Date of Injury:	06/08/2008
Decision Date:	08/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

This is a female patient with the date of injury of June 8, 2008. A Utilization Review was performed on March 19, 2014 and recommended non-certification of repeat EMG of the right upper extremity, Voltaren gel, Flexeril 7.5mg #60, and Orthopedic 2nd opinion for the right shoulder. Orthopedic 2nd opinion for the right shoulder was denied due to no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. A Progress Report dated February 24, 2014 identifies subjective complaints of right shoulder pain, low back pain, and right upper extremity pain. She does not want to take the oral anti-inflammatories anymore because of the side effects. She has been having more pain in the right arm. She has been having pain in the elbow, and she has been getting numbness and tingling in her hand primarily her second finger. Objective Findings identify able to abduct to about 145 degrees but then she grimaces with pain. She is tender in the medial epicondyle. She is also tender in the radial aspect of the forearm. She has decreased sensation of the second finger. Diagnoses identify chronic neck pain, s/p right shoulder arthroscopic surgery October 2010, persistent right shoulder pain, MRI arthrogram of the right shoulder 9/27/2013 shows SLAP lesion with incomplete tear of the supraspinatus full thickness, chronic low back pain, left lower extremity pain, left heel pain likely plantar fasciitis, EMG/NCS of the right upper extremity from 1/27/2011 is unremarkable, EMG/NCS dated 11/7/2012 was within normal limits, insomnia due to chronic pain, and depression due to chronic pain. Discussion/Plan identifies continue with medication, authorize updated EMG of the right upper extremity, second opinion for her right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Electromyography (EMG)Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 AND 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for repeat EMG (electromyography) of the right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, despite mention of decreased sensation in the 2nd finger, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. The patient has undergone two previous electrodiagnostic studies that were negative. There is no indication that a third study would provide different results. In light of such issues, the currently requested repeat EMG (electromyography) of the right upper extremity is not medically necessary.

Repeat NCS of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 AND 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for repeat NCS (nerve conduction study) of the right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, despite mention of decreased sensation in the 2nd finger, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. The patient has undergone two previous electrodiagnostic studies that were negative. There is no indication that a third study would provide different results. In light of such issues, the currently requested repeat NCS (nerve conduction study) of the right upper extremity is not medically necessary.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Voltaren. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Diclofenac Sodium(Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 OF 127.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is mention that the patient cannot tolerate oral anti-inflammatories anymore. However, there is no indication that the Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding this issue, the currently requested Voltaren gel is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 OF 127.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Orthopedic 2nd Opinion for the Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Shoulder ChapterEvaluation and Management, ACOEM, page 127.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for orthopedic 2nd opinion for the right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain in the right shoulder status post surgery. Subsequent imaging showed an incomplete tear of the supraspinatus. Orthopedic 2nd opinion consultation is appropriate to determine if the patient is a repeat surgical candidate. As such, the currently requested orthopedic 2nd opinion for the right shoulder is medically necessary.