MAXIMUS Federal Services

Case Number:	CM14-0051732		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2011
Decision Date:	09/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupatioanl 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 60-year-old who was injured on FEbruary 27, 2013. He sustained an injury to his low back, left shoulder, and left knee while performing his usual and customary work duties.Doctor's first report dated January 14, 2014 states the patient complained of shoulder pain that is constant and rated it as a 3-8/10. He has pain in his neck region with burning and weakness. He complained of intermittent low back pain rated as 5-6/10 with burning and weakness. The knee pain is intermittent and rated as 2-7/10 with associated numbness and tingling, burning and weakness. Objective findings on exam revealed lumbosacral paraspinal tenderness with spasm. He has limited range of motion. Range of motion of the left shoulder is limited. He has positive Speed's test. He also has limited range of motion of the left knee. He is diagnosed with lumbosacral sprain/strain-rule out disc pathology; left shoulder sprain/strain-rule out internal derangement; left knee sprain/strain-rule out internal derangement. He is recommended for x-ray of the left shoulder, referral to neurologist and internist; EMG/NCV of bilateral upper extremities. Prior utilization review dated March 12, 2014 states the requests for Neurologist Consultation (dizziness), Internist Consultation (digestive issues, diabetes.), Electromyography (EMG) Bilateral Upper Extremities, MRI of the Left Shoulder, MRI of the Lumbar Spine, and MRI of the left knee are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist Consultation (dizziness): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Office Visits.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), referral to a specialist may be indicated when the diagnosis is complex or may benefit from additional expertise. In this case the patient complains of dizziness and loss of balance. Consultation with a neurologist for further evaluation would be appropriate and medically necessary assuming no prior work-up has been performed. (Available records are limited.) The request for a neurology consultation is medically necessary and appropriate.

Internist Consultation (digestive issues, diabetes.): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Office Visits.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), referral to a specialist may be indicated when the diagnosis is complex or may benefit from additional expertise. In this case the patient complains of digestive problems and diabetes. Consultation with an internist for further evaluation would be appropriate and medically necessary assuming no prior work-up has been performed. (Available records are limited.) The request for an internist consultation is medically necessary and appropriate.

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electrodiagnostic Studies.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines and the ODG, electrodiagnostic studies of the upper extremities may be recommended in select cases when the diagnosis is unclear. In this case there are reports of burning and weakness in the neck region. Further characterization and distribution of symptoms, including side, are not provided. There are no findings of upper extremity radiculopathy provided on physical examination. Suspected diagnosis is not provided. Prior treatment is not

discussed. In sum records fail to demonstrate symptoms or signs consistent with radiculopathy or nerve entrapment. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

Nerve conduction velocity (NCV) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electrodiagnostic Studies.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines and the ODG, electrodiagnostic studies of the upper extremities may be recommended in select cases when the diagnosis is unclear. In this case there are reports of burning and weakness in the neck region. Further characterization and distribution of symptoms, including side, are not provided. There are no findings of upper extremity radiculopathy provided on physical examination. Suspected diagnosis is not provided. Prior treatment is not discussed. In sum records fail to demonstrate symptoms or signs consistent with radiculopathy or nerve entrapment. The request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.

MRI of the Left Shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

Decision rationale: According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines and the ODG, shoulder MRI may be indicated when serious shoulder pathology is suspected, especially when surgery is a consideration. In this case, left shoulder MRI is requested. There is mention of left shoulder pain with decreased range of motion (not quantified), positive impingement sign, and diagnosis of adhesive capsulitis. However, the condition is chronic due to repetitive use. Failure of conservative care is not demonstrated. X-ray findings are not provided. Findings to not suggest rotator cuff tear, labral tear, or instability. The request for an MRI of the left shoulder is not medically necessary or appropriate.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines and the ODG, lumbar MRI may be indicated for significant trauma, neurologic deficit, suspected red flag condition, or failure of a trial of conservative care. In this case a request is made for lumbar spine MRI for a patient with chronic low back pain from repetitive use with tenderness, spasm, decreased range of motion and positive straight leg raise on exam. However, symptoms and findings do not suggest a red flag condition or progressive neurologic deficit. Lumbar X-ray is not provided. There is no documented failure of conservative care. The request for an MRI of the lumbar spine is not medically necessary or appropriate.

MRI of the Left Knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI.

Decision rationale: According to the Knee Complaints Chapter of the ACOEM Practice Guidelines and ODG guidelines, MRI of the knee is indicated for significant trauma or suspected internal derangement. In this case left knee pain is reported due to repetitive use. There is crepitus and positive McMurray noted on examination. No other findings are discussed. X-ray results are not provided. There is no discussion of failure of conservative care. The request for an MRI of the left knee is not medically necessary or appropriate.