

Case Number:	CM14-0055403		
Date Assigned:	08/22/2014	Date of Injury:	12/12/2012
Decision Date:	10/09/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 49-year-old female who reported an injury on December 12, 2012. Prior therapies included occupational therapy. The mechanism of injury was the injured worker was carrying a basket of French fries when one of the baskets began to fall. In an attempt to keep the basket from falling, the injured worker used extensive force and twisted her right hand in an awkward manner. The injured worker was noted to undergo surgery on her right hand on July 18, 2013. There were multiple Requests for Authorization submitted for the requested procedures and interventions. The documentation of February 18, 2014 revealed the injured worker had complaints of neck pain, right shoulder pain, right hand pain, and left foot pain. The physical examination revealed tenderness and myospasm at the bilateral paracervical musculature with tenderness and hypomobility at C1-7. The range of motion of the cervical spine was decreased with pain. The right shoulder examination revealed tenderness and myospasm with decreased range of motion with pain. The right elbow had tenderness with normal range of motion and pain. The right wrist had tenderness with decreased range of motion and pain. There was tenderness at digits 1 to 5 on the right with painful range of motion. The left ankle and left foot had tenderness with decreased range of motion with pain. There was tenderness at plantar fasciitis. There was hyperpronation of the feet. There were positive orthopedic tests. The diagnoses included cervical sprain/strain, cervical facet induced versus discogenic pain, cervical radiculitis, right shoulder tenosynovitis and bursitis, right shoulder rotator cuff tear rule out, right elbow brachioradialis tendonitis, right wrist tenosynovitis, right finger sprain/strain, right De Quervain's stenosing tenosynovitis of the thumb, right wrist status post tendon surgery May 18, 2013, left tenosynovitis of the lower leg, gastrocnemius, tibialis anterior, and peroneal, left ankle and foot sprain/strain, left ankle tenosynovitis, bilateral pes planus, left ankle tunnel syndrome, insomnia, anxiety and depression. The treatment plan included chiropractic manipulative therapy

for the cervical spine and right shoulder with adjunctive multimodality physiotherapy included myofascial release, hydrocollator and cryotherapy, electrical stimulation, infrared, therapeutic exercise, ultrasound, and all other appropriate physiotherapeutic modalities at 1 time per week for 4-weeks, x-rays and an MRI of the cervical spine, right shoulder, right wrist, and left ankle, physical medicine and rehabilitation, and nerve conduction velocities/electrodiagnostics of the bilateral upper and lower extremities, a podiatric consultation and acupuncture consultation and treatment for the right forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (evaluation, treatment, and follow-ups for right forearm): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the physician was requesting acupuncture treatments. However, there was a lack of documentation per the submitted request for the quantity of sessions. Additionally, there can be no treatment and followup without an initial evaluation. Given the above, the request is not medically necessary.

Physical Medicine and Rehabilitation (initial office visit and treatment): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone occupational therapy. There was a lack of documentation indicating a necessity for a repeat of therapy. Additionally, there was a lack of documentation of objective functional deficits and objective functional benefit that was received from prior therapy. There was a lack of documentation of the quantity of sessions that were

previously attended. Additionally, the request as submitted failed to indicate a necessity for an initial visit and treatment. Treatment would not be supported without an initial visit. Given the above and the lack of documentation, the request is not medically necessary.

Needle Electromyogram (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The ACOEM Practice Guidelines states that 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. The clinical documentation submitted for review failed to provide documentation the injured worker had a failure of conservative care. There was a lack of documentation indicating the injured worker had positive myotomal and dermatomal findings to support the necessity for an EMG. Given the above, the request is not medically necessary.

Needle Electromyogram (EMG) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Practice Guidelines states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care. There was a lack of documented objective findings to support the injured worker had myotomal dermatomal findings to support the necessity for an EMG of the bilateral lower extremities. Given the above, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There were no objective findings to support the necessity for the requesting testing and there was a lack of documented rationale for both an EMG and NCV. There was a lack of documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the 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): 177-179.

Decision rationale: The ACOEM Practice Guidelines states that 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. The clinical documentation submitted for review failed to provide documentation the injured worker had a failure of conservative care. There was a lack of documentation indicating a necessity for both an EMG and nerve conduction velocity. There was a lack of documentation or physical findings of a peripheral neuropathy condition existing in the bilateral upper extremities to support the testing. Given the above, the request is not medically necessary.

Injections.: Upheld

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 Official Disability Guidelines (ODG) Pain Chapter, Injections

Decision rationale: The Official Disability Guidelines indicate that injections should be performed when they are consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging a return to work. The clinical documentation submitted for review failed to provide the type of injection that was being requested. There was a lack of documentation indicating the quantity of injections and the levels, as well as laterality if applicable. Given the above, the request is not medically necessary.

Pharmacological Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78, 79.

Decision rationale: The California MTUS guidelines recommend a frequency of office visits for opioid management while in the trial phase of the first 6 months every week for 2 - 4 months, then every 2 weeks for the first 2 to 4 months. Additionally they indicate that according to the California Medical Board Guidelines for Prescribing Controlled substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. The clinical documentation submitted for review failed to provide a necessity for pharmacological management. There was a lack of documentation indicating the injured worker was on medications that would require pharmacological management that could not be managed by their primary care physician. Additionally, the request as submitted failed to indicate the quantity of sessions and the specifics for pharmacological management. Given the above, the request is not medically necessary.

General Initial Office Visit and Follow-Up Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. While the request was submitted for a general initial office visit, the documentation had requested a visit to a podiatrist. The request was submitted failed to provide clarification as to the type of physician appointment that was being requested. There could be no followup without the initial evaluation. The request as submitted failed to include the quantity of sessions being requested. Given the above, the request is not medically necessary.