

Case Number:	CM14-0068994		
Date Assigned:	07/14/2014	Date of Injury:	04/01/2014
Decision Date:	09/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 27 year old female with a date of injury on 4/1/2014. Diagnoses include sprains of the cervical spine, thoracic spine, right shoulder, and bilateral wrists/hands. Subjective complaints are of cervical, right upper extremity, mid back, and bilateral wrist/hand pain. Physical exam shows restricted cervical range of motion, positive cervical compression and distraction testing, with diminished right biceps reflex, and hypersensitivity at C2-C5. The right shoulder shows restricted range of motion, a positive abduction sign, and positive apprehension sign. The hands and wrist show a positive Phalen's bilaterally, positive bilateral Finkelstein's, and a positive Tinel's on the right. X-rays of the cervical spine, right shoulder and bilateral hands/wrists were normal. The submitted records do not identify any utilization of medications or prior physical therapy. Prior utilization review certified 6 manual therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical medicine modalities and procedures, joint mobilization, manipulation, ultrasound, electric stimulation heat modalities, in conjunction with exercises and instruction in improving daily living activities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-60.

Decision rationale: CA MTUS guidelines indicate that a trial of six visits of manual therapy can be recommended for the treatment of chronic spinal complaints. The medical records do not indicate that the patient had prior therapy. Previous utilization review certified 6 sessions of therapy. Therefore, the request for 12 sessions of therapy exceeds guideline recommendations, and the medical necessity is not established.

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, MRI.

Decision rationale: CA MTUS supports a cervical MRI for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The ODG suggests MRI for chronic neck pain, radiographs normal, neurologic signs or symptoms present, or neck pain with radiculopathy if severe or progressive neurologic deficit. This patient's documentation did not suggest progressive cervical neurologic signs, and did not show evidence of "red flag" conditions. Furthermore, the patient has not yet received a therapy program directed towards her cervical symptoms. Therefore, the medical necessity of a cervical MRI is not established.

1 MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: ACOEM guidelines indicate that shoulder imaging may be considered when limitations have persisted longer than one month, when surgery is being considered for a specific defect, and to further evaluate for serious pathology. For this patient, the records do not indicate prior treatment directed towards the shoulder, surgery is not being considered, and there is no evidence of a progressive serious pathology. Therefore, the medical necessity of a shoulder MRI is not established at this time.

1 Nerve conduction study (NCS) of upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179-182; 213; 261-269.

Decision rationale: ACOEM guidelines suggest NCS as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms show evidence of nerve root involvement or possible peripheral nerve entrapments such as carpal tunnel syndrome. Therefore, the medical necessity of an NCS is established.

1 Electromyography (EMG) of upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179-182; 213; 261-269.

Decision rationale: ACOEM guidelines suggest NCS as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms show evidence of nerve root involvement or possible peripheral nerve entrapments such as carpal tunnel syndrome. Therefore, the medical necessity of an EMG is established.