

Case Number:	CM14-0073430		
Date Assigned:	08/08/2014	Date of Injury:	02/26/2013
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgery 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:

43-year-old claimant with reported industrial injury of February 26, 2013. MRI of the right shoulder from January 20, 2014 demonstrates a high-grade partial-thickness tear of the supraspinatus tendon. There is mild arthritic changes of the glenohumeral joint with arthropathy of the acromioclavicular joint. MRI left from January 20, 2014 demonstrates tendinosis of the supraspinatus tendon with a small full-thickness undersurface tear. Exam note from April 25, 2014 demonstrates claimant has a complaint of neck pain radiating to bilateral upper extremities with numbness and tingling. There is also complaint of bilateral shoulder pain when lying on the sides. Examination demonstrates positive straight leg raise testing in the right posterior thigh and decreased sensation at the right L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain 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) Office Visit, Initial Care.

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) Chapter 7, page 79.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence of radiculopathy corroborated by MRI or failure of conservative care to warrant a specialist referral. Therefore the determination is for not medically necessary.

Bilateral Shoulder Subacromial Cortison Injection under US Guidance: 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) Steroid Injection.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of ultrasound guided injection of the subacromial space. According to the ODG Shoulder section, Diagnostic ultrasound, ultrasound may improve accuracy of injection but is not clear that it improves efficacy. There is insufficient evidence in the records from 4/25/14 why traditional landmarks cannot be utilized for the subacromial injection. Therefore determination is for not medically necessary.

EMG Right and Left Upper Extremities: 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) Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 4/25/14 to warrant NCS or EMG. Therefore the determination is for not medically necessary.

NCV Right and Left Upper Extremities: 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) Neck and Upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 4/25/14 to warrant NCS or EMG. Therefore the determination is for not medically necessary.

Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The exam note from 4/25/14 does not demonstrate prior response to Norco, increase in function, or decreased pain to warrant continued usage. Therefore the determination is for not medically necessary.

Ortho Stimulate Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic stimulation, Interferential current stimulation Page(s): 117, 118.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Galvanic Stimulation, page 117 and Interferential Current Stimulation, page 118, provide the following discussion regarding the forms of electrical stimulation contained in the Ortho Stimulate unit. Galvanic stimulation is not recommended by the guidelines for any indication. In addition interferential current stimulation is not recommended as an isolated intervention. Therefore the Ortho Stimulate unit is not recommended by the applicable guidelines and is therefore not medically necessary.