

<b>Case Number:</b>	CM14-0077402		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old with a work injury dated 5/13/13 after a fall at work. The diagnoses include cervical strain; right shoulder status-post proximal humerus fracture clinically healed; bilateral wrist tendonitis; rule out bilateral CTS; bilateral knee contusions, resolved; multilevel cervical degenerative disc disease. Under consideration is a request for post op physical therapy three times a week for six weeks, Right Shoulder Quantity: 18; 1 EMG of the shoulder and arm; Omeprazole, and Tramadol. There is a 4/11/14 Initial Complex Orthopedic Evaluation states that the patient presents with pain in the neck, right shoulder and bilateral wrist. Not working due to unable to do repetitive computer work with the bilateral hands and upper extremities. There is a document dated 6/5/14 that states that on 05/13/13, the patient fell at work, fracturing her right shoulder and injured her neck and bilateral wrist on her outstretched arms. Landed on bilateralknees. but knee pain has resolved. Humerus fracture healed without sequelae but continues to have pain in the shoulder. There is numbness and tingling in the bilateral upper extremities. Patient had prior injuries to the wrists with numbness and tingling intermittently but significantly exacerbated by the new injury. She has not returned to baseline since the fall and feels 50% worse since the fall. She denies prior injury to the neck, right shoulder or bilateral knees. On exam there is positive tenderness over the paracervical musculature with chin to chest, extension 30 degrees, lateral bending 30 degrees bilaterally and rotation 75 degrees bilaterally. There is 5/5 motor strength, sensation, and neurovascular status in the bilateral upper extremities. There is pain with extension and lateral bend and rotation to the right and left. DTRs are 2+ bilateral upper extremities. Right shoulder has negativetesting and full ROM. Bilateral wrist positive Tinel's bilaterally to the middle finger, Phalen's test bilaterally, and median nerve compression test bilaterally. Both wrists have full ROM. The plan is that she will go for possible

cervical epidural injections. She is indicated for repeat electrodiagnostic testing to rule out a double crush syndrome and we will compare this to her previous study from 2011. She will start physical therapy three times per week for the next six weeks. She will be prescribed and dispensed the following medications today: Diclofenac XR p.o. q d for anti-inflammatory, Omeprazole 20mg p.o. q d for prophylaxis for chronic NSAID use. Tramadol ER 150mg p.o. q d prn pain. for chronic pain relief. A prior utilization review indicated that on April 25, 2014, a request was made for information comprehensive pain assessment that includes the location of the pain, the VAS score, quality, severity, duration, frequency, timing/pattern, modifying factors, associated signs and symptoms of the pain. Please indicate the need for 18 PT visits and for which body parts this therapy includes, only the right shoulder is accepted for industrial treatment under this claim. Please clarify if the repeat electrodiagnostic study is related to the right shoulder, or solely to detect double crush syndrome, which would be for the neck and wrist (carpal tunnel nerve compression vs. cervical radiculopathy or both). There has been no response to this request for additional information. A 1/7/14 quality medical evaluation stated that on 5/11/11 the patient had an EMG and nerve conduction study which revealed moderate bilateral carpal tunnel syndrome and mild chronic C7 radiculopathy on the right side. Additionally, she had an MRI study of the cervical spine performed on June 2, 2011 which revealed multi-level degenerative disc disease. Further review of the medical records indicated that on July 25, 2011 she had a history of a head injury as a result of a car accident which occurred approximately 10 years ago with neck problems beginning shortly after that auto accident, and her neck problems have been ongoing for years.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post op Physical Therapy #18 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Post op Physical Therapy #18 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient was authorized to have 12 post op physical therapy visits and then an additional 6 were certified on a utilization review dated 11/6/2013 with transition to a home exercise program. The patient is out of the post operative period for her surgery. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The most recent progress note indicates full range of motion of the shoulder, negative provocative testing, and full bilateral upper body strength. The request does not specify what body part the therapy is for. The documentation is not clear on why the therapy is needed and why the patient cannot participate in a self directed home exercise program at this point. The request for post op physical therapy #18 sessions is not medically necessary.

#### **EMG right shoulder and arm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Dumitru, Daniel. Electrodiagnostic Medicine. Philadelphia: Hanley & Belfus, 2002. Print. (Page 1066).

**Decision rationale:** EMG right shoulder and arm is not medically necessary per the MTUS Guidelines. The ACOEM states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally 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 documentation indicates that the patient is to go for repeat electrodiagnostic testing to rule out a double crush syndrome and will have this compared to her previous study from 2011. Per Daniel Dumitru text Electrodiagnostic Medicine the term double crush refers to patients with carpal tunnel syndrome that have a concomitant cervical radiculopathy. The request as written asks for a shoulder and arm EMG. There is no request for Nerve conduction studies which may aid in diagnosing carpal tunnel syndrome. It is unclear if the requesting physician is suspecting an upper extremity entrapment neuropathy around the shoulder from his request. The accepted body part for this injury appears to be only shoulder. The physical exam findings are suggestive only of median neuropathy at the carpal tunnel which was diagnosed previously. There are no physical exam findings suggestive of a focal neuropathy around the shoulder. Cervical provocative testing was negative. The additional information that was requested was not provided for review. The request for EMG right shoulder arm is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors for patients taking NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & Cardiovascular risk Page(s): 69.

**Decision rationale:** Omeprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines Omeprazole is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The documentation indicates that the patient takes Diclofenac XR 100mg once daily. The documentation does not indicate that the patient meets the above criteria. The request for Omeprazole 20mg #60 is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Tramadol ER 150mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore Tramadol ER 150mg #30 is not medically necessary.