

Case Number:	CM14-0110786		
Date Assigned:	08/01/2014	Date of Injury:	12/13/2013
Decision Date:	01/20/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 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:

This is a 51 years old female patient who sustained an injury on 12/13/2013. She sustained the injury when she fell off a stool while holding an ice bucket, landing directly on the right arm. The current diagnoses include right shoulder impingement, wrist sprain and neck sprain. Per the doctor's note dated 10/21/14, she had complaints of right arm and right shoulder pain. The physical examination revealed decreased cervical spine range of motion, muscle spasm in the cervical spine area over the right paravertebral muscles or trapezius muscles, tenderness over the cervical spine, normal strength, sensation and reflexes in C5, 6, 7 and C8 nerve root, mild decreased range of motion of the right shoulder, positive Tinel's and Phalen's on the right, 4/5 strength in the right shoulder, elbow and wrist. Per the doctor's note dated 7/18/14, she had complaints of cervical pain with radiation to arms, right shoulder pain and right wrist pain. Physical examination revealed normal cervical spine range of motion, positive Apley's test, decreased right wrist range of motion, dorsiflexion 50/65 and radial deviation 15/20 degrees, positive Finkelstein's test, positive supraspinatus test and decreased right shoulder range of motion- extension 20/30, abduction 150/170, flexion 160/170 and extension 70/80 degrees. The medications list includes Gabapentin, Cyclobenzaprine, Zolpidem and topical compound medications. She has had right wrist MRI dated 1/28/14 which revealed partial disruption of the scapholunate ligament, degenerative cysts on the ulnar aspect of the lunate as well as the triquetrum. She has had EMG/NCS for bilateral upper extremity on 10/30/14 which revealed bilateral carpal tunnel syndrome. She has had physical therapy visits and acupuncture for this injury. She has had urine drug screen on 5/19/14, 6/30/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 (cervical): 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 & manipulation Page(s): 58-60.

Decision rationale: Per the cited guidelines regarding chiropractic treatment, "Elective/maintenance care is not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. The patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid over dependence on physicians, including doctors of chiropractic." The patient has had physical therapy visits and acupuncture visits for this injury. The response to prior conservative therapy is also not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of chiropractic 2x6 (cervical) is not fully established for this patient.

Acupuncture 2X6 (cervical): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy and acupuncture therapy visits is not specified in the records provided. The medical necessity of acupuncture 2x6 (cervical) is not fully established for this patient at this juncture.

Range of motion and muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 11/21/14) Range of motion (ROM) Flexibility

Decision rationale: The MTUS does not address this request. Per the ODG guidelines cited above ROM testing/flexibility "Not recommended. The relation between range of motion measures and functional ability is weak or nonexistent." The rationale for the need of computerized assessments is not specified in the records provided. The patient had already had general testing for range of motion. Per the doctor's note dated 7/18/14, physical examination revealed normal cervical spine range of motion, positive Apley's test, decreased right wrist range of motion, dorsiflexion 50/65 and radial deviation 15/20 degrees, positive Finkelstein's test, positive supraspinatus test and decreased right shoulder range of motion- extension 20/30, abduction 150/170, flexion 160/170 and extension 70/80 degrees. The rationale for additional testing for range of motion is not specified in the records provided. The medical necessity of (additional) range of motion testing is not fully established for this patient. The medical necessity of range of motion and muscle testing is not fully established for this patient.

EMG of BUE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261,268.

Decision rationale: Per the ACOEM guidelines cited below "Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The patient had neck pain, right shoulder and right wrist pain with decreased strength in right upper extremity and positive Tinel's and Phalen's test on the right side. Patient has already tried medications, physical therapy and acupuncture for this injury. Therefore the requested electro diagnostic study is medically appropriate and necessary in this patient to evaluate upper extremity neurological symptoms and to determine if there is presence of cervical radiculopathy or peripheral neuropathy. The request for EMG of BUE is medically appropriate and necessary for this patient.