MAXIMUS Federal Services

Case Number:	CM14-0165727		
Date Assigned:	10/10/2014	Date of Injury:	05/30/2014
Decision Date:	02/19/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 33 year-old female with a date of injury of May 30, 2014. The patient's industrially related diagnoses include cervical spine sprain/strain, bilateral shoulder and wrist sprain/strain, thoracic spine sprain/strain, low back pain, lumbar spine sprain/strain, right knee and right ankle strain/sprain. The disputed issues are x-rays of the cervical, thoracic, lumbar, bilateral shoulder, wrists, right knee and ankle, MRI of the cervical, thoracic, lumbar, bilateral shoulder, wrists, right knee and ankle, EMG/NCV of the bilateral upper and lower extremity, physical therapy for the cervical, thoracic, lumbar, bilateral shoulder, wrists, right knee and ankle, three times a week for six weeks, acupuncture for the cervical, thoracic, lumbar, bilateral shoulder, wrists, right knee and ankle, three times a week for six weeks, shock wave therapy, quantity 3 to the cervical, thoracic, lumbar, bilateral shoulder, wrists, right knee and ankle, and functional capacity evaluation (FCE). A utilization review determination on 9/15/2014 had non-certified these requests. The stated rationale for the denial of the x-rays and MRIs was: "The records reflected this patient was seen in the emergency room and had x-rays and MRIs taken. Although the patient is noted with subjective complaints and exam findings, there is no documentation that these findings are new or progressive to warrant repeat imaging per guidelines recommendations." The stated rationale for the denial of EMG/NCV was: "The current note is dated approximately 30-days following the injury and previous imaging, which have not been provided for review. ODG supports additional testing when there are ongoing symptoms that have lasted more then three to four weeks and do no recommend testing when there is obvious radiculopathy." The rationale for the denial of physical therapy was that the

patient had PT post injury and there was no documentation of objective functional benefit from previous sessions. Acupuncture was modified to 6 sessions. The stated rationale for the denial of the shock wave therapy was: "There is no provided rationale for the use of this treatment modality in the acute phase of the patient's injury." Lastly, the stated rationale for the denial of functional capacity evaluation was: "There is no documentation regarding return to work stays or that modified work could be provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the cervical, thoracic, lumbar, bilateral shoulder, wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 177-178, 268, 272, 303-304, 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Neck & Upper Back Chapter, Radiography X-rays

Decision rationale: In regard to the request for x-rays of the cervical, thoracic, lumbar, bilateral shoulder, wrists, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain and low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Guidelines support x-rays of the wrist for red flag conditions such as fracture, dislocation, and osteoarthritis or after a 4-6 week period of conservative treatment when specific conditions such as a scaphoid fracture are suspected. They recommend against routine use for evaluation of forearm, wrist, and hand conditions. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. In the submitted medical records available for review, there is documentation that indicates the injured worker has had substantial imaging, which included x-rays of the cervical and lumbar spine already provided in the ER on 5/31/2014. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. In the absence of clarity regarding those issues, the currently requested x-rays of the cervical, thoracic, lumbar, bilateral shoulder, wrists are not medically necessary.

MRI of the cervical, thoracic, lumbar, bilateral shoulder, wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 176-177, 269, 343 303-

304 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Low Back Chapter Knee & Leg Chapter, Shoulder Chapter, MRI

Decision rationale: In regard to the request for MRI of the cervical, thoracic, lumbar, bilateral shoulder and wrists, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Regarding the request for the right knee and ankle MRI, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. For the request of bilateral shoulder MRI, guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In the submitted medical records available for review, there is documentation that the injured worker had an MRI done when she went to the hospital for treatment after her injury. However, the specific MRI results were not available for review. Furthermore, at the time of this request, there is no documentation indicating how the injured worker's subjective complaints and objective findings have changed since the time of the most recent MRI. Additionally, there is no documentation of failure of conservative treatment for the specific time indicated for each site prior to the request for the MRIs. In the absence of clarity regarding those issues, the currently requested MRIs of the cervical, thoracic, lumbar, bilateral shoulder, wrists are not medically necessary.

EMG/NCV of the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303 178 and 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies and Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: In regard to the request for EMG/NCV of bilateral upper and lower extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Furthermore, guidelines state that unequivocal objective findings, which identify specific nerve compromise on the neurologic exam, are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the submitted medical records available for review, there are positive physical examination findings in both the upper extremities and lower extremities supporting a diagnosis of specific nerve compromise. However, although such findings are present and well documented, there is no documentation that the injured worker has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested EMG/NCV of the upper and lower extremities is not medically necessary.

Physical therapy for the cervical, thoracic, lumbar, bilateral shoulder and wrists, three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 173 369 200 298,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy, Ankle & Foot Chapter, Forearm, Wrist, & Hand Chapter, Shoulder Chapter, Low Back Chapter, Physical Therapy

Decision rationale: In regard to the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the submitted medical records available for review, there was documentation that the injured worker had physical therapy after her injury. Physical therapy was requested on 6/2/2014 and in the progress report dated 6/16/2014, there was documentation that she had completed 4 physical therapy sessions. However, the injured worker reported that she felt no better and there was no documentation of objective functional improvement. Furthermore, in the progress report dated 6/17/2014 when additional physical therapy was requested, there was no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any

objective deficits. In the absence of such documentation, the current request for physical therapy for the cervical, thoracic, lumbar, bilateral shoulder, wrists, three times a week for six weeks is not medically necessary.

Acupuncture for the cervical, thoracic, lumbar, bilateral shoulder and wrists, three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture

Decision rationale: In regard to the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the submitted medical records available for review, there is documentation that the injured worker completed at least 4 sessions of physical therapy and chiropractic care/treatment. Therefore, acupuncture would be appropriate in the case of this injured worker as she is already doing other conservative treatment. However, the current request of three times a week for six weeks exceeds the 6-visit trial recommended by guidelines. As such, the currently requested acupuncture for the cervical, thoracic, lumbar, bilateral shoulder, wrists, three times a week for six weeks, is not medically necessary.

Shockwave therapy x 3 to the cervical, thoracic, lumbar, bilateral shoulder and wrists: 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) Shock Wave Therapy and AETNA.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 368 and 376 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Plantar Fasciitis, Low Back Chapter, Shock wave therapy, Shoulder Chapter, Extracorporeal Shockwave Therapy ESWT Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions

Decision rationale: In regard to the request for extracorporeal shock wave therapy (ESWT) for cervical, thoracic, lumbar spine, bilateral shoulder and wrists, California MTUS does not address

the issue. Official Disability Guidelines do not address the issue for the cervical spine or wrist, but cite that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. In regard to ESWT for bilateral shoulders, Occupational Medicine Practice Guidelines support the use of ESWT for calcified tendinitis of the shoulder and as an optional treatment for plantar fasciitis. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shouldered disorders. Anthem Medical Policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested shockwave therapy x3 to the cervical, thoracic, lumbar, bilateral shoulder and wrists is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examination and Consultations Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: In regard to the request for a functional capacity evaluation (FCE), Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. In the submitted medical records available for review, there is indication that there had been a prior unsuccessful return to work attempt. In the progress report dated 6/9/2014, the injured worker stated she was on modified duty for 3 days the previous week. However, there is no indication that the injured worker is close to or at maximum medical improvement to warrant an FCE. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.