

Case Number:	CM14-0175355		
Date Assigned:	10/28/2014	Date of Injury:	10/11/2005
Decision Date:	04/01/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/23/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 54 year old man sustained an industrial injury on 10/11/2005 due to cumulative trauma. Current diagnoses include cervical spine discopathy, cervical spine radiculitis, right shoulder sprain/strain rule out internal derangement, right elbow sprain/strain, and lumbar discopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 8/26/2014 show complaints of neck, right shoulder, and right elbow pain with stiffness and weakness. Range of motion to all of these areas are decreased and painful. Recommendations include the EMG/NCVs, MRIs, and physical therapy in dispute. On 9/17/2014, Utilization Review evaluated prescriptions for EMG/NCV of the bilateral upper extremities, MRI of the cervical spine, right shoulder and right elbow, and 4-8 sessions of physical therapy to the right shoulder and elbow, that were submitted on 10/9/2014. The UR physician noted the type and nature of treatment rendered is not available and there is no documentation that the worker has received diagnostic testing, therapy or functional capacity evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is nearly 10 years status post cumulative trauma work-related injury. When seen by the requesting provider he had neck, right shoulder, and right elbow pain with stiffness and weakness. Physical examination findings included decreased and painful range of motion. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or history of metabolic pathology. There is no documented neurological examination that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. Therefore, this requested is not medically necessary.

MRI right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The claimant is nearly 10 years status post cumulative trauma work-related injury. When seen by the requesting provider he had neck, right shoulder, and right elbow pain with stiffness and weakness. Physical examination findings included decreased and painful range of motion. Applicable indications for obtaining an MRI of the elbow include chronic pain conditions when plain film x-ray is non-diagnostic. In this case, plain film x-ray results are described and therefore, based on the information provided, this test is not considered medically necessary.

MRI cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is nearly 10 years status post cumulative trauma work-related injury. When seen by the requesting provider he had neck, right shoulder, and right elbow pain with stiffness and weakness. Physical examination findings included decreased and painful range of motion. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant is nearly 10 years status post cumulative trauma work-related injury. When seen by the requesting provider he had neck, right shoulder, and right elbow pain with stiffness and weakness. Physical examination findings included decreased and painful range of motion. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. Therefore, the requested left shoulder MRI is not medically necessary.

Physical therapy 1-2 times four(4), cervical, right shoulder and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 10 years status post cumulative trauma work-related injury. When seen by the requesting provider he had neck, right shoulder, and right elbow pain with stiffness and weakness. Physical examination findings included decreased and painful range of motion. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, up to eight visits is being requested. This is in excess of that recommended and therefore not medically necessary.