

Case Number:	CM14-0192919		
Date Assigned:	11/26/2014	Date of Injury:	10/25/2013
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 New Jersey. 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 40 year old female worker who gradually developed pain in her neck, shoulders and wrists. She attributed the symptoms to repetitive typing for approximately four to five hours a day. The date of injury was October 25, 2013. Most current diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, bilateral shoulders sprain/strain and right wrist tendonitis. In physician's progress report dated September 2, 2014, the injured worker complained of ongoing severe to moderate pain in the neck, upper back and bilateral shoulders. She also complained of severe pain and soreness in the right wrist. Physical examination revealed tenderness and decreased range of motion to cervical spine, thoracic spine tenderness, hypertonic paraspinal muscles, positive cervical compression and distention tests, tenderness of the shoulders, decreased strength of bilateral upper extremities, decreased flexibility and tenderness of the right wrist, and positive Tinel's, positive Phalen's, and decreased grip strength of the right wrist. In evaluation dated September 30, 2014, her symptoms were noted to be improved with rest and the use of ibuprofen. She described difficulties with activities of daily living. Notes stated that she was currently not using any medication. She remained off work at that time. Medication, physical therapy, ongoing chiropractic care and physiotherapy were listed in the evaluation but the medical record was lacking further information. A request was made for continued chiropractic sessions once a month, MRI of cervical spine, MRI of right wrist, MRI of right shoulder, MRI of left shoulder, NCV/EMG of the bilateral upper extremities and consultation with an orthopedic specialist. On October 28, 2014, utilization review denied the continued chiropractic sessions once a month and MRI of right wrist. Utilization review partially denied the NCV/EMG of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic sessions (cervical/thoracic/bilateral shoulders/right wrist), once a month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, chiropractor treatments had been used, although the number of sessions attended up to the time of this request was not clear in the notes provided for review. Regardless, the request for monthly chiropractor visits is not medically necessary. Repeat sessions should be for a flare-up and only much less often than monthly. Therefore, the request for additional monthly (unlimited?) chiropractor sessions is not an appropriate request.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Carpal Tunnel Procedure Summary (updated 8/4/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as MRI are not needed until after a four to six week period of conservative care and observation. Special imaging studies may be considered in cases of suspected fracture, ligament rupture, recurrent ganglion, suspected infection or autoimmune disease. In the case of this worker, based on the documented objective evidence from physical examination close of the recent progress notes, there is no red flag signs or symptoms or any findings suggestive of the conditions listed above which would require MRI imaging of the right wrist. Therefore right wrist MRI is not medically necessary.

NCV/EMG of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary (updated 8/4/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there were some signs and symptoms that might be linked to cervical pathology and others that would clearly be related to carpal tunnel syndrome. MRI of the cervical spine, already approved to be completed, will provide some visual information, however, the addition of nerve testing (both NCV and EMG testing), in the opinion of the reviewer will help to more clearly define the source of the worker's symptoms, which imaging alone may not be able to do as these images have been shown to show false positives. So, it seems reasonable to consider both EMG and NCV testing of the upper extremities in this case.