

Case Number:	CM14-0202283		
Date Assigned:	12/12/2014	Date of Injury:	02/22/2012
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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:

The injured worker (IW) is a 52-year-old man with a date of injury of February 22, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post right shoulder decompression and Mumford procedure/RTR tendon May 28, 2014; cervical sprain/strain, lumbar strain/sprain; bilateral wrist tendinitis, and history of bilateral carpal tunnel release in 2007. The remainder of the diagnoses are illegible. Pursuant to the handwritten, largely illegible progress note dated October 23, 2014; the IW has completed 12 physical therapy sessions. An additional 8 sessions were certified on September 26, 2014 according to UR documentation. There is no evidence of objective functional improvement associated with prior physical therapy. The Primary Treating Physician's Progress Reports, and Physical Therapy notes were largely illegible. Objective findings reveal C-spine: decreased lordosis. Tender (illegible) trapezius (illegible). Bilateral wrist examination reveals (-) Tinel's, (+) Phalen's. Jamar (R) 30/32/33kg; (L) 27/29/29kg. The remainder of the objective findings are illegible. There is no documentation (subjective or objective) of insomnia. Current medications include Norco 7.5mg, Gabapentin 600mg, and Sonata 10mg. The IW started Sonata on October 23, 2014 according to documentation. There was no evidence of objective functional sleep improvement associated taking Sonata. The current request is for physical therapy (8 sessions), Sonata 10mg #30, and EMG/NCV bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times eight is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. In this case, the documentation is largely illegible. This extends to both the primary treating physician and the physical therapist. Utilization review was used to extract clinical information. The injured worker underwent right shoulder decompression/Mumford/RTR on May 28, 2014. The injured worker is 52 years old with a date of injury February 22, 2012. The injured worker completed 12 physical therapy sessions and an additional eight were certified on September 28, 2014. This brings the total number of physical therapy sessions #20. The guidelines recommend 24 sessions of physical therapy postoperatively. The treating physician requested an additional 8 physical therapy sessions. An additional 4 sessions would be appropriate while transitioning to a home exercise program. The documentation does not contain evidence of objective functional improvement due to lack of documentation and illegibility of the existing documentation. The primary physician's documentation is also largely illegible. Consequently, absent the appropriate clinical documentation (legibility) and clinical indication/rationale for physical therapy in excess of the recommended guidelines, physical therapy times 8 is not medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Chapter, Insomnia Medications and Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601251.html>.

Decision rationale: Pursuant to the Official Disability Guidelines and Medline plus, Sonata (Zalepion) is not medically necessary. Zalepion is used to treat insomnia (difficulty falling asleep). Zalepion is indicated for short-term use (7 to 10 days). In this case, the injured worker underwent right shoulder decompression/Mumford/RTR on May 28, 2014. The injured worker is 52 years old with a date of injury February 22, 2012. The documentation is largely illegible. There is no subjective, objective documentation or an assessments pointing to insomnia or sleep difficulties. Consequently, after the appropriate clinical indication and documentation to support Zalepion (Sonata), Sonata is not medically necessary.

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Electrodiagnostic Studies (EDS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Section/Neck Section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/nerve conduction velocity studies bilateral upper extremities are not medically necessary. NCVs are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by your conduction test before surgery is undertaken. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. See guidelines for additional details. In this case, a progress note dated October 14, 2014, although largely illegible, appears to document bilateral carpal tunnel release in 2007, increased numbness and tingling bilateral hands, the physical examination is illegible, and the patient is not interested in carpal tunnel injections. Consequently, absent the appropriate clinical documentation (legibility of physical examination), the clinical indication/rationale for performing electrodiagnostic studies, EMG/nerve conduction studies bilateral upper extremities are not medically necessary.