

Case Number:	CM14-0202546		
Date Assigned:	12/15/2014	Date of Injury:	03/14/2014
Decision Date:	01/31/2015	UR Denial Date:	11/19/2014
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 Occupational 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 63 year old female injured worker suffered an industrial accident on 3/14/2014 where she incurred repetitive use injuries to the neck, shoulders arms and wrists while she was polishing instruments for the [REDACTED]. The diagnoses included neck sprain/strain, right shoulder sprain/strain and bilateral epicondylitis were reported in the progress note of 7/22/2014. The conservative treatments included medications and current physical therapy. The medical records did not include how many sessions she attended, or an evaluation of progress. On 10/17/2014 the injured worker complained of neck pain, bilateral shoulder pain that was 7/10 on the VAS scale. The exam revealed decreased range of motion to the cervical spine with tenderness. The bilateral upper extremities had positive impingement. The cortisone injections were ordered in the event the magnetic resonance imaging revealed any indications for its use. The UR decisions on 12/23/2014 noncertified the magnetic resonance imaging, the EMG/NCV for the bilateral shoulders and steroid injections to bilateral shoulders. 1. The premise for denial of MAGNETIC RESONANCE IMAGING was that there was no definitive evidence of neurological deficits, no documentation of progress in the concurrent physical therapy session and more detail of how many sessions have already been accomplished. 2. The premise for denial of the EMG/NCV was there was no definitive evidence of neurological deficits. 3. The denial of the cortisone injections was premised that there was no definitive evidence of a qualifying condition as per the Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection Bilateral Shoulders Injection 20610 x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 48, 204, 211.

Decision rationale: Per the MTUS Guidelines, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. If shoulder pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Conservative care for impingement syndrome, including cortisone injections, can be carried out for at least three to six months before considering surgery. The injured worker is noted to be in physical therapy; however the number of physical therapy sessions and efficacy of therapy is not reported. There is no indication that therapy has failed. This request is made in the event that MRI of the shoulder has positive findings of bursitis, tendinitis and impingement, however, the request for MRI is determined to not be medically necessary at this time. The request for Cortisone Injection Bilateral Shoulders Injection 20610 x2 is determined to not be medically necessary.

EMG/ NCS left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is no indication in the medical reports that there are neurological deficits that may be clarified with the use of EMG and NCS. The request for EMG/ NCS Left Upper Extremity is determined to not be medically necessary.

EMG/NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is no indication in the medical reports that there are neurological deficits that may be clarified with the use of EMG and NCS. The request for EMG/ NCS Right Upper Extremity is determined to not be medically necessary.

MRI without contrast left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, 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. The clinical documents provided do not indicate that any of these criteria are met. The injured worker is reported to be in physical therapy, however the number of sessions and efficacy of therapy is not reported. There is no indication that therapy has failed. The request for MRI without contrast left shoulder is determined to not be medically necessary.

MRI without contrast right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, 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. The clinical documents provided do not indicate that any of these criteria are met. The injured worker is reported to be in physical therapy, however the number of sessions and efficacy of therapy is not reported. There is no indication that therapy has failed. The request for MRI without contrast left shoulder is determined to not be medically necessary.

