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| Case Number: | CM14-0207568 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 03/03/2014 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 3/3/14. A utilization review determination dated 11/12/14 recommends non-certification of FCE, follow-up visit with ROM and ADLs, work conditioning/hardening screening, and physical medicine. Prior treatment with therapy and chiropractic was noted. 10/29/14 medical report identifies pain in the neck, right shoulder, right elbow, right wrist, and right hand. There is also headache, difficulty sleeping due to pain, and stress. On exam, there is slightly limited cervical ROM, positive axial compression, distraction, and shoulder depression testing bilaterally, limited shoulder ROM with positive Codman's, Speed's, and supraspinatus testing on the right, right elbow spasm and tenderness with limited ROM, positive Cozen's and reverse Cozen's on the right, a trigger point to the right anterior wrist and posterior extensor tendons, limited ROM, positive Phalen's and bracelet test on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) / Electromyogram (EMG) right upper extremity:

Overtured

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 (ODG) Treatment in Workers Compensation (TWC) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCV, 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are symptoms and findings suggestive of peripheral neuropathy and, given the patient's neck complaints, it is reasonable to rule out cervical radiculopathy as a source of the complaints. In light of the above, the currently requested EMG/NCV is medically necessary.

Follow up visit with range of motion (ROM) and activities of daily living (ADL's): 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) Treatment in Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33; 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring... The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Regarding the request for "ROM," it appears that the request is for computerized range of motion testing. Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, while a follow-up visit is appropriate to monitor the patient's response to treatment and to make appropriate adjustments to the treatment plan, there is no clear indication why the provider is incapable of performing a standard musculoskeletal examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. Furthermore, there is no identification of what is involved in the ADLs component of the visit or why it is medically necessary for this patient. Unfortunately, there is no provision for modification of the current request to allow for a follow-up visit without the additional requested components. In light of the above issues, the currently requested follow-up visit with ROM and ADLs is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Procedure

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: Regarding request for functional capacity evaluation, 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. Within the documentation available for review, there is no indication that the patient is close to or at maximum medical improvement with case management hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

(1) Work conditioning/hardening screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/ Work Hardening Page(s): 125 and 126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-126 of 127.

Decision rationale: Regarding the request for work conditioning/hardening screening, Chronic Pain Medical Treatment Guidelines state that work hardening may be an option when the following criteria are met: "Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; Not a candidate where surgery or other treatments would clearly be warranted to improve function.; Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; A defined return to work goal agreed to by the employer & employee; The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program)." Within the

documentation available for review, it appears that the majority of the criteria outlined above have not been met and, as such, there is no clear rationale for screening for work conditioning/hardening at this time. In the absence of clarity regarding those issues, the currently requested work conditioning/hardening screening is not medically necessary.

Physical Medicine times 6: electrical muscle stimulation, infrared massage & therapeutic activities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): shoulder procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99 of 12.

Decision rationale: Regarding the request for physical medicine, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical medicine is not medically necessary.