

Case Number:	CM14-0066653		
Date Assigned:	07/11/2014	Date of Injury:	03/28/2009
Decision Date:	12/24/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/10/2014

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: California

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 3-28-09. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; bilateral De Quervain's tenosynovitis; bilateral wrist sprains-strains; bilateral upper extremity overuse syndrome; bilateral shoulder sprain-strain' cervical sprain -strain; cervical radiculopathy; diabetes. Treatment to date has included medications. Currently, the PR-2 notes dated 11-13-14 indicated the injured worker complains of bilateral shoulder pain right greater than left and bilateral wrist pain with stiffness and swelling. The provider documents a physical examination. Examination of the bilateral hands revealed bilateral positive Finkelstein's test. Bilateral positive pain over the first dorsal wrist extensor. Bilateral positive Phalen's test. Bilateral positive Tinel sign over the median nerve. Bilateral positive compression test with numbness of the thumb, index, and middle finger at approximately 5 seconds. Mild thenar atrophy and mild abductor pollicis brevis weakness. Two-point discrimination is greater than 6mm to bilateral thumb and bilateral index finger. Mild pain in bilateral anatomic snuffbox. No pain on ulnar or radial deviation of the wrist. No pain on wrist flexion or extension. Negative axial grind test. No evidence of any crepitus at the wrists bilaterally. Negative Tinel sign over the Guyon's canal bilaterally. No evidence of any crepitus at the wrists bilaterally. Negative Tinel sign over the Guyon's canal bilaterally. No evidence of any forearm masses bilaterally. No pain over bilateral antecubital fossa's. No pain over bilateral olecranon's. Negative Tinel sign over bilateral cubital tunnels. Negative crepitus at the elbows bilaterally. Bilateral thumb CMC groin test is negative bilaterally. Examination of the cervical spine reveals 2+ paravertebrals tenderness. Significant

pain on bilateral sternocleidomastoid muscles with radiation into bilateral shoulders. Examination of the bilateral shoulders reveal positive shoulder shrug test. Positive pain in the anterior portion of the shoulder upon deep palpation. Mild crepitus in bilateral shoulder exams. The provider's treatment plan included a referral to a spine surgeon, continue Spica Brace during day time; start acupuncture and MRI bilateral shoulders. An MRI of the cervical spine dated August 23, 2014 is described. An MRI of the left shoulder revealed tendinitis on February 23, 2015. A Request for Authorization is dated 5-10-14. A Utilization Review letter is dated 4-10-14 and non-certification for TENS unit; Physical therapy 2 times a week for 3 weeks; MRI of the bilateral shoulders and MRI of the neck. A request for authorization has been received for TENS unit; Physical therapy 2 times a week for 3 weeks; MRI of the bilateral shoulders and MRI of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Physical therapy 2 times a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication that the patient has undergone physical therapy for the current complaints. Additionally, guidelines support a 6-visit trial of therapy to see whether any objective functional improvement can be obtained. Additionally, the patient has clear subjective complaints and objective findings consistent with shoulder tendinitis which limits function. As such, the currently requested physical therapy is medically necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for bilateral MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for 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. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. ODG goes on to state that they repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any significant change in the patient symptoms and/or findings suggesting a significant worsening of the patient's pathology or a new issue which needs to be evaluated by repeat left shoulder MRI. Additionally, there is no documentation of failed conservative treatment and negative plane film radiographs to support right shoulder MRI. In the absence of clarity regarding those issues, the currently requested bilateral shoulder MRI is not medically necessary.

MRI of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no recent documentation of neurologic deficit in the upper extremities. Finally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.