

Case Number:	CM15-0144434		
Date Assigned:	08/05/2015	Date of Injury:	09/03/2014
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 64 year old female, who sustained an industrial injury on September 3, 2014. She reported head, neck, right shoulder, arm, wrist and hand pain with loss of consciousness. Treatment to date has included physical therapy, x-rays, MRI and medication. Currently, the injured worker complains of abdominal pain, headache and right shoulder pain. The injured worker is currently diagnosed with right shoulder strain, right elbow strain and right wrist-hand strain. Her work status is off work. A progress note dated April 16, 2015 states the injured worker is experiencing anxiety related to pain. A note dated June 10, 2015, states the injured worker reports symptoms of anxiety and depression. The following, internal medicine consultation for abdominal pain, neurology consultation for headaches, psychiatrist-psychologist for reported anxiety-depression, bilateral upper extremities EMG-NCS (for further diagnosis), physical therapy 2x6 to the right shoulder, elbow, wrist and hand (to improved mobility and decrease pain), and MRI right shoulder (for further diagnosis) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with internal medicine for abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on the 12/9/14 progress report provided by the treating physician, this patient presents with sharp, moderate shoulder pain rated 6/10 on VAS scale, exacerbated by movement. The treater has asked for Consultation with internal medicine for abdomen but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient does not have a history of surgeries per 12/19/14 report. The patient's MMI dated was changed to 1/6/15 from prior visit, because of no improvement. The patient will return to work with restrictions on 12/9/14, and will have to limit overhead work to 2 hours per had. The patient has not had prior consultation with internal medicine prior to review of reports. American College of Occupational and Environmental Medicine ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the utilization review letter dated 7/1/15 stated that the patient had abdominal complaints, nasal allergies, and pain/burning under nose bridge. The patient references side effects of medications, per utilization review letter dated 7/1/15. As of 9/11/14, the patient was taking Nabumetone. However, the patient does not have a diagnosis of gastritis, GERD, or dysphagia. The patient does not have a history of ulcers, either per review of reports. As there is no evidence that the patient has a serious internal issue, the requested internal consult is not indicated. The request IS NOT medically necessary.

Consultation with neurology for headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on the 12/9/14 progress report provided by the treating physician, this patient presents with sharp, moderate shoulder pain rated 6/10 on VAS scale, exacerbated by movement. The treater has asked for consultation with neurology for headaches but the requesting progress report is not included in the provided documentation. The patient does not have a history of surgeries per 12/19/14 report. The patient's MMI dated was changed to 1/6/15 from prior visit, because of no improvement. The patient will return to work with restrictions on 12/9/14, and will have to limit overhead work to 2 hours per had. The patient has not had prior

consultation with neurology department per review of reports. American College of Occupational and Environmental Medicine ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is no rationale for this request. A neurological consultation for additional expertise on the patient's radicular symptoms and ongoing headaches may be reasonable. ACOEM guidelines indicate that such consultations are supported by guidelines at the provider's discretion. Therefore, the request IS medically necessary.

Psychiatrist/psychologist for reported anxiety/depression: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: Based on the 12/9/14 progress report provided by the treating physician, this patient presents with sharp, moderate shoulder pain rated 6/10 on VAS scale, exacerbated by movement. The treater has asked for Psychiatrist/psychologist for reported anxiety/depression but the requesting progress report is not included in the provided documentation. The patient does not have a history of surgeries per 12/19/14 report. The patient's MMI dated was changed to 1/6/15 from prior visit, because of no improvement. The patient will return to work with restrictions on 12/9/14, and will have to limit overhead work to 2 hours. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In regard to a consultation with a psychiatric specialist for this patient's depression and anxiety secondary to chronic pain, the request is appropriate. There is no evidence in the records provided that this patient has undergone any psychiatric evaluation to date. MTUS guidelines support psychiatric evaluation and treatment for chronic pain, and ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms and depression, further consultation with a psychiatrist/psychologist could produce significant benefits. Therefore, the request IS medically necessary.

BUE EMG/NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 12/9/14 progress report provided by the treating physician, this patient presents with sharp, moderate shoulder pain rated 6/10 on VAS scale, exacerbated by movement. The treater has asked for Psychiatrist/psychologist for reported anxiety/depression but the requesting progress report is not included in the provided documentation. The treater has asked for BUE EMG/NCS but the requesting progress report is not included in the provided documentation. The patient does not have a history of surgeries per 12/19/14 report. The patient's MMI dated was changed to 1/6/15 from prior visit, because of no improvement. The patient will return to work with restrictions on 12/9/14, and will have to limit overhead work to 2 hours. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "Electromyography (EMG), and nerve conduction velocities (NCV), 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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the progress reports do not document prior EMG or NCV of the upper extremities. None of the progress reports discuss the request as well. The patient does have ongoing right shoulder pain. The symptoms persist in spite of undergoing physical therapy and using medications. EMG/NCV may help diagnose the patient's condition accurately and differentiate between radiculopathy and CTS. However, the patient does not have any shooting, radiating pain down the lower extremities. In the absence of radicular symptoms in the upper extremities, nerve conduction studies ARE NOT medically necessary.

Physical therapy 2x6 sessions to the right shoulder, elbow, wrists and hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98,99.

Decision rationale: Based on the 12/9/14 progress report provided by the treating physician, this patient presents with sharp, moderate shoulder pain rated 6/10 on VAS scale, exacerbated by movement. The treater has asked for Physical therapy 2x6 sessions to the right shoulder, elbow, wrists and hand but the requesting progress report is not included in the provided documentation. The patient does not have a history of surgeries per 12/19/14 report. The patient's MMI dated was changed to 1/6/15 from prior visit, because of no improvement. The patient will return to work with restrictions on 12/9/14, and will have to limit overhead work to 2 hours. MTUS Physical Medicine Section, pages 98, 99 has the following: "Recommended

as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 physical therapy sessions, the provider has exceeded guideline recommendations. There is no evidence that this patient has completed any recent physical therapy. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature. Were the request for 8 sessions, the recommendation would be for approval. However, 12 sessions of physical therapy exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.

MRI of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207,208.

Decision rationale: Based on the 12/9/14 progress report provided by the treating physician, this patient presents with sharp, moderate shoulder pain rated 6/10 on VAS scale, exacerbated by movement. The treater has asked for MRI of the right shoulder but the requesting progress report is not included in the provided documentation. The patient does not have a history of surgeries per 12/19/14 report. The patient's MMI dated was changed to 1/6/15 from prior visit, because of no improvement. The patient will return to work with restrictions on 12/9/14, and will have to limit overhead work to 2 hours. ACOEM, Chapter 9, pages 207 and 208: routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain."ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: Indications for imaging Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" As of 12/19/14 report, the results of the patient's shoulder MRI to rule out internal derangement are still pending. In this case, the patient had an injury to the shoulder. According to the utilization review letter, this appears to be a retrospective request. The requested MRI right shoulder is medically reasonable for the patient's ongoing pain. The request IS medically necessary.