

Case Number:	CM15-0203021		
Date Assigned:	10/19/2015	Date of Injury:	11/05/2010
Decision Date:	12/04/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii

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 49 year old male, who sustained an industrial-work injury on 11-5-10. He reported initial complaints of shoulder pain and left hand pain. The injured worker was diagnosed as having adhesive capsulitis of the shoulder, chronic left shoulder pain, carpal tunnel syndrome with release, left 3rd digit trigger finger, and chronic left sided neck and left upper extremity pain. Treatment to date has included medication, surgery (left carpal tunnel release in 2011, left shoulder surgery in 2011), physical therapy, wrist brace, and diagnostics. Currently, the injured worker complains of left side of neck pain that goes to the shoulder, left arm, and into the hand along with numbness and tingling over the entire hand. There was a trigger finger of the left third digit with inability to make a full fist. Pain was rated 8 out of 10 and sleep was affected. Meds included Meloxicam 15 mg, Relafen, and Ultracet. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted full range of motion to the cervical spine and palpatory tenderness at the left side of the neck, restricted range of motion to the left shoulder, positive Neer's and palpatory tenderness around the shoulder complex, and positive Tinel's in the left wrist. Current plan of care includes diagnostic testing, physical therapy, left wrist brace, exercise program, and follow up. The Request for Authorization requested service to include MRI of the cervical spine, 10 Physical therapy visits for the left shoulder, and Electromyography and Nerve conduction velocity studies of the left upper extremity. The Utilization Review on 9-14-15 denied the request for MRI of the cervical spine, 10 Physical therapy visits for the left shoulder, and Electromyography and Nerve conduction velocity studies of the left upper extremity, per CA

MTUS (California Medical Treatment Utilization Schedule) Guidelines; Neck and Upper Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with left-side neck pain, which goes to the shoulder, left arm and into the hand along with numbness and tingling over the entire hand. The current request is for MRI of the cervical spine. The treating physician states, in a report dated 08/27/15, "We need to get an MRI of the cervical spine." (43B) MTUS guidelines are silent on MRIs. The ODG guidelines state, "MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor infection and fracture or for a clarification of anatomy prior to surgery." In this case, the treating physician, based on the records available for review, notes "Cervical Spine: He had full range of motion of the cervical spine, but he was complaining of pain. He had palpatory tenderness mostly on the left side of his neck." (42B) The treating physician has documented that the patient has radicular complaints that have not improved with conservative treatment and there is no documentation of a prior MRI being performed. As such, the current request is medically necessary.

10 Physical therapy visits for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with left-side neck pain, which goes to the shoulder, left arm and into the hand along with numbness and tingling over the entire hand. The current request is for 10 physical therapy visits for the left shoulder. The treating physician states, in a report dated 08/27/15, "He needs to go through physical therapy. It is more than 2 years. I am asking for 2 times a week for 5 weeks." (43B) The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. In this case, the treating physician, based on the records available for review, notes "He has basically adhesive capsulitis of the left shoulder. We need to work on this." This request is to treat adhesive capsulitis and is within the 8-10 sessions recommended by the MTUS guidelines. The current request is medically necessary.

Electromyography and Nerve conduction velocity studies of the left upper extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The patient presents with left-side neck pain, which goes to the shoulder, left arm and into the hand along with numbness and tingling over the entire hand. The current request is for Electromyography and Nerve conduction velocity studies of the left upper extremity. The treating physician states, in a report dated 08/27/15, "We need updated EMG/nerve conduction study of the upper left extremity given his persistent symptoms." (43B) The ACOEM guidelines state, "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." In this case, the treating physician, based on the records available for review, notes that prior carpal tunnel release and shoulder surgery have provided no pain relief to the patient. Additionally, the patient has trigger finger of the left 3rd digit and pain in the left neck which goes down the shoulder and into the hand, which tingles and is numb. An EMG/NCV of the left upper extremity is prudent in diagnosing the persistent post-surgical pain this patient suffers from. The current request is medically necessary.