

Case Number:	CM15-0206606		
Date Assigned:	10/23/2015	Date of Injury:	12/03/2014
Decision Date:	12/29/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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: Preventive Medicine, Occupational Medicine

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 61 year old female, who sustained an industrial injury on 12-03-2014. The injured worker was diagnosed as having cervical muscle spasm, rule out cervical disc protrusion, left shoulder adhesive tendinitis, left shoulder impingement syndrome, rule out left lateral epicondylitis, left carpal tunnel syndrome, and left wrist pain, status post left wrist surgery. Treatment to date has included "years of therapy", acupuncture, splints, steroid injections, right carpal tunnel and wrist release 2-2015, left carpal tunnel release 6-01-2015, and medications. Currently (9-23-2015), the injured worker complains of pain in her neck, upper back, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, bilateral hands-fingers, as well as constant headaches. Pain was rated 5-7 out of 10. She reported that neck pain radiated down to the bilateral shoulders and caused numbness and tingling. She reported difficulty with sleep and activities of daily living due to pain. Her past medical history included diabetes, hypertension, and hypercholesterolemia and past surgical history included surgery to her bilateral knees, left shoulder, bilateral hands, and gastric bypass. Medication use for pain, if any, was not specified. Exam of the cervical spine noted decreased and painful range of motion and tenderness to palpation and spasm of the paravertebral muscles. Exam of the left shoulder noted tenderness to palpation, muscle spasm of the lateral shoulder, painful supraspinatus press, and range of motion within normal limits. Exam of the left elbow noted tenderness to palpation of the lateral elbow and range of motion within normal limits. Exam of the left wrist noted painful range of motion and tenderness to palpation of the lateral wrist and thenar. She was currently working and was placed on total temporary disability. On 10-02-2015 Utilization Review non-

certified a request for X-rays of the cervical spine, left shoulder and left elbow, electromyogram of the bilateral upper extremities, chiropractic 2x3 for the neck, left shoulder, left elbow and left wrist, and orthopedic consultation regarding the neck, left shoulder and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the cervical spine, left shoulder, and left elbow: Upheld

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

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

Decision rationale: According to the MTUS, special studies such as a cervical X-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. X-ray of the cervical spine, left shoulder, and left elbow is not medically necessary.

Electromyograph (EMG) of the bilateral upper extremities: 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), Neck and Upper Back.

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

Decision rationale: The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Electromyograph (EMG) of the bilateral upper extremities is not medically necessary.

Chiropractic sessions 2 times a week for 3 weeks for the neck, left shoulder, left elbow and left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for 6 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. This patient has recently been approved for 6 sessions of physical therapy. Chiropractic care would be redundant until evidence of functional improvement from the physical therapy is documented. Chiropractic sessions 2 times a week for 3 weeks for the neck, left shoulder, left elbow and left wrist is not medically necessary.

Ortho consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Ortho consultation is not medically necessary.