MAXIMUS Federal Services

Case Number:	CM15-0033779		
Date Assigned:	02/27/2015	Date of Injury:	12/02/2014
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female, who sustained an industrial injury on 12/2/2014. She reports a slip and fall down a stairway, injuring her right shoulder, wrist, hand, and neck. Diagnoses include cervical sprain, shoulder derangement, wrist sprain/strain and lumbar radiculopathy. Treatments to date include physical therapy, wrist brace and medication management. A progress note from the treating provider dated 1/22/2015 indicates the injured worker reported pain in the right shoulder, hand, neck and back. On 2/3/2015, Utilization Review non-certified the request for electromyography (EMG) of the bilateral upper extremities, lumbar spine magnetic resonance imaging, right shoulder magnetic resonance imaging and Orphenadrine ER 100 mg with 2 refills and modified the request for 12 physical therapy visits to 6 visits, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179,181-183.

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

Decision rationale: EMG/NCS bilateral upper extremities are not medically necessary per the MTUS Guidelines. 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. The documentation does not reveal complaints of left upper extremity objective/subjective complaints therefore an EMG/NCS of the bilateral upper extremities is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The documentation does not reveal evidence of nerve dysfunction or red flag findings. The request for lumbar MRI is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- MRI.

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to

conservative treatment). The ODG states that criteria for a shoulder MRI are 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. The documentation does not reveal physical exam findings do not reveal a red flag condition or physical exam findings suggestive of significant pathology. The request for an MRI of the right shoulder is not medically necessary.

Orphenadrine Er 100mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Opioids Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Orphenadrine Page(s): 63 & 65.

Decision rationale: Orphenadrine Er 100mg with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Orphenadrine (is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The guidelines do not recommend this medication long term. The request for 2 refills implies long term use and therefore this medication is not medically necessary.

Physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical therapy 3 times a week for 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for the patient's conditions. The request exceeds this number. There are no extenuating factors to require 12 supervised therapy visits. Furthermore, the request does not specify a body part. The request for physical therapy is not medically necessary.