

Case Number:	CM15-0053089		
Date Assigned:	03/26/2015	Date of Injury:	12/15/2012
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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 37-year-old female who reported an injury on 12/15/2012. The mechanism of injury was not provided. The surgical history was noncontributory. A documentation of 01/28/2015 revealed the injured worker had pain in her left hand. The injured worker had pain that was noted to be sharp, stabbing, burning, tingling, aching, throbbing, and severe. The injured worker's medications included quazepam, omeprazole, Lyrica, and naproxen sodium. The injured worker was noted to be positive for acid reflux and heart burn. The injured worker denied other side effects. The injured worker had tenderness to palpation in the biceps tendon and lateral epicondyle bilaterally. The injured worker had trigger points in the upper trapezius, lower trapezius, and splenius capitis with decreased cervical lordosis. The injured worker had painful range of motion in the shoulders bilaterally. The injured worker had bilateral shoulder forward flexion strength of 4-/5 and left elbow flexion and right elbow flexion of the same. The injured worker had paresthesias to light touch in digits through 1 through 4 bilaterally. The Speed's test was positive bilaterally. The Tinel's sign was positive at the wrist bilaterally. The diagnoses included bicipital tenosynovitis and lateral epicondylitis, as well as carpal tunnel syndrome. The treatment plan included electrodiagnostic studies of the bilateral upper extremities, MRI of the bilateral shoulders without contrast, and an MRI of the left wrist without contrast. Additionally, the request was made for omeprazole DR 20 mg 1 capsule twice a day, Lyrica 75 mg 1 tablet twice a day, and naproxen sodium 550 mg 1 tablet twice a day. The request was made for an EMG/NCV of the bilateral upper extremities. The documentation indicated the injured worker had at least 1 month of conservative treatment with physical therapy

and the injured worker had neuropathic red flags including radicular pain, paresthesias, and weakness. The EMG was noted to be utilized for cervical versus peripheral radiculopathy and to evaluate for possible peripheral nerve root entrapment in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, and a failure to progress in a strengthening program intended to avoid surgery. The clinical documentation submitted for review indicated the injured worker's strength was 4-/5, which was between normal strength and mild weakness. The triceps and biceps reflexes were 2+. This would support the need for an MRI. However, there was a lack of documentation of a failure of conservative care and duration of conservative care specifically for the bilateral shoulders. Therefore, the request for MRI Bilateral Shoulders is not medically necessary.

MRI Bilateral Elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for most injured workers presenting with elbow problems, special studies are not needed until at least a 4 week period of conservative care and observations fails to improve symptoms. The criteria for ordering imaging studies include the imaging study results would substantially change the treatment plan, the emergence of a red flag, or failure to progress in a rehabilitation program with evidence of significant tissue insult or neurologic dysfunction that has been shown to be correctable by invasive treatment and agreement by the injured worker to undergo invasive treatment if the presence of a correctable lesion is confirmed. The clinical documentation submitted for review failed to provide documentation that the imaging study would substantially change the treatment plan and the specific rehabilitation program that was followed was not provided. There was a lack of documentation of a failure of conservative care.

There was a lack of documentation indicating the injured worker would agree to undergo an invasive treatment if the presence of a correctable lesion was confirmed. The rationale for the request was not provided. Given the above, the request for MRI bilateral elbows is not medically necessary.

Electromyography/Nerve Conduction Velocity for bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that electromyography and nerve conduction velocities, including H-reflex tests may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical documentation submitted for review indicated the injured worker had failed conservative care. The documentation indicated the request was made for both and EMG and an NCV to rule out peripheral radiculopathy and evaluate for a possible peripheral nerve root entrapment in the upper extremities. This request would be supported. Given the above, the request for electromyography/nerve conduction velocity for bilateral upper extremities is medically necessary.

Naproxen Sodium delayed release 550mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short-term relief of symptomatic pain. There should be documentation of objective functional improvement and objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen sodium delayed release 550mg quantity 60 is not medically necessary.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation-Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had gastrointestinal distress. The efficacy of the medication was not provided. As the requested NSAID was found to be not medically necessary, this request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20mg quantity 60 is not medically necessary.