

Case Number:	CM15-0084671		
Date Assigned:	05/06/2015	Date of Injury:	05/22/2014
Decision Date:	06/05/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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 38 year old female, who sustained an industrial injury on 5/22/2014. She reported pain in her left wrist, left shoulder, and back, while employed as a cook. The injured worker was diagnosed as having left shoulder pain, back pain, and left wrist pain. Treatment to date has included acupuncture, physical therapy, modified work, splinting, and medications. On 2/03/2015 (most recent progress report), the injured worker complains of back and shoulder pain. Pain was located in the left anterior, posterior, and lateral shoulder, and noted as slowly improving. Back pain was constant and located in the left upper back and noted as worsening. She was taking Tylenol but not tolerating (unspecified). She was documented to have attended 6 physical therapy sessions with functional improvement and was awaiting approval for renewal. Exam of the left shoulder noted a normal appearance, tenderness at the bicipital groove, trapezius muscle, and supraspinatus muscle. Motor strength was normal bilaterally and neurovascular function was intact. Special testing noted positive painful arc, positive empty can, and positive Yergason's test. Exam of the cervical spine noted no tenderness and normal range of motion. Exam of the thoracic spine noted tenderness of the left paraspinals and left sided muscle spasms. Neurovascular function was intact and range of motion was full. Activity restrictions were noted. The progress note did not discuss a request for work conditioning sessions, electromyogram and nerve conduction studies for the bilateral upper extremities, or magnetic resonance imaging of the left shoulder. Work status was documented as total temporary disability (3/31/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) work conditioning sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening/work conditioning Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, pages 125-126.

Decision rationale: Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for multiple diagnostics. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy. There should be a clear understanding of the specific goal that cannot be performed independently. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Upon completion of the rehabilitation program, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The individual in most cases can perform work conditioning after initial instruction by a Physical Therapist. Criteria for work conditioning have not been met or established in this case. The Eight (8) work conditioning sessions is not medically necessary and appropriate.

Electromyography and Nerve Conduction Velocity studies of the upper extremities:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Clinical exam showed no neurological deficits defined or conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings with intact neurological deficits to suggest any radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The Electromyography and Nerve Conduction Velocity studies of the upper extremities are not medically necessary and appropriate.

One MRI of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The One MRI of the left shoulder is not medically necessary and appropriate.