

Case Number:	CM14-0116881		
Date Assigned:	08/04/2014	Date of Injury:	04/25/2003
Decision Date:	10/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 4/25/03. A utilization review determination dated 7/17/14 recommends non-certification of CT scans and shockwave therapy to the cervical spine and left shoulder, elbow, and wrist, and a sleep study. 5/12/14 medical report identifies pain in the neck and left shoulder, elbow, and wrist. She is also having difficulty sleeping and it often awoken at night due to pain. On exam, there is tenderness, limited ROM, positive Spurling's and cervical distraction, positive Neer's and supraspinatus tests, positive cubital Tinel's, positive Finkelstein's, 4/5 strength in wrist flexion, extension, and radial and ulnar deviation, decreased sensation in the ulnar nerve distribution on the left, positive SLR at 60 degrees bilaterally as well as positive Sitting root and Kemp's test, and unspecified decreased motor strength in the BLE secondary to pain. Recommendations included multiple compound medications, CT scans of the left shoulder, elbow, and wrist, cervical and lumbar spine MRI, acupuncture, LINT, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) Scan of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Neck Chapter, Computed tomography (CT)

Decision rationale: Regarding the request for cervical CT, CA MTUS and ACOEM support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. ODG also recommends CT for patients with known or suspected spine trauma with normal plain radiographs. Within the documentation available for review, there is no indication of any red flag diagnoses or physiologic evidence of tissue insult or specific neurologic dysfunction. Findings suggestive of cervical involvement are non-specific and there is no rationale identifying the medical necessity for CT rather than other imaging or physiologic evidence of nerve dysfunction in the absence of a history of cervical spine trauma. In the clarity regarding those issues, the request for Cervical CT is not medically necessary.

CT (computed tomography) Scan of left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: Regarding the request for left shoulder CT scan, CA MTUS and ACOEM state that the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends CT scan after x-ray for suspected labral tear and full thickness rotator cuff tear. Within the documentation available for review, there are no clinical findings consistent with the above and no clear rationale identifying the medical necessity of CT as the preferred imaging modality for evaluation of an apparent soft tissue injury. In the absence of clarity regarding those issues, the request for Left Shoulder CT scan is not medically necessary.

CT (computed tomography) Scan of left elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Chapter, Computed tomography (CT)

Decision rationale: Regarding the request for CT scan of left elbow, CA MTUS does not specifically address the issue. ODG supports the study in cases of suspected intra-articular osteocartilaginous body or unstable osteochondral injury when radiographs are non-diagnostic. It is also supported to further evaluated suspected heterotopic ossification/osteophytosis noted by radiograph. Within the documentation available for review, there are no clinical findings suggestive of the injuries above and no clear rationale for a CT in the absence of a history of trauma or any symptoms/findings suggestive of a condition other than a soft tissue injury. In light of the above issues, the request for CT scan of Left Elbow is not medically necessary.

CT (computed tomography) Scan of left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Forearm, Wrist & Hand Chapter, Computed tomography (CT)

Decision rationale: Regarding the request for CT scan of left wrist, CA MTUS does not specifically address the issue, but notes that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. ODG supports CT when there is suspicion of an occult fracture and plain films are non-diagnostic. Within the documentation available for review, there are no clinical findings suggestive of fracture or another condition for which CT would be indicated and no rationale for the use of CT in the evaluation of soft tissue injuries. In light of the above issues, the currently requested CT scan of Left Wrist is not medically necessary.

Shockwave Therapy to Cervical Spine, 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 ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 203 29. Decision based on Non-MTUS Citation Neck, Shoulder, Elbow, and Forearm, Wrist, and Hand Chapters

Decision rationale: Regarding the request for Shockwave Therapy to Cervical Spine, Left Shoulder, Left Elbow and Left Wrist, CA MTUS and ODG do not support its use in the treatment of these body parts with the exception of calcific tendinitis of the shoulder. Within the documentation available for review, there is no indication of calcific tendinitis or another rationale for the use of shockwave therapy in the management of the patient's cited conditions. In the absence of such documentation, the request for Shockwave Therapy to Cervical Spine, Left Shoulder, Left Elbow and Left Wrist is not medically necessary.

Sleep Study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Polysomnography

Decision rationale: Regarding the request for a sleep study, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there is only mention of difficulty sleeping due to pain. There is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or suspected periodic limb movement disorder, or insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the request for sleep study is not medically necessary.