

<b>Case Number:</b>	CM14-0132555		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Family Medicine 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:

The patient is a 47 year-old woman who was injured at work on 7/19/2011. The injury was primarily to her right hand, right wrist, right shoulder and cervical spine. She is requesting review of denial for the following: Urine Screen; EMG of the Right Upper Extremity; and Chiropractic Care 2 times a week X 4 weeks. Medical records corroborate ongoing care for her injuries. Her records include a comprehensive physiatry consultation on 7/24/2014. The diagnoses based on this evaluation included the following: Right Cervical Strain; Right Cervical Radiculopathy; Right Repetitive Strain Injury to the Right Hand; Right Rotator Cuff Tear; Right Wrist Strain; Myofascial Pain Syndrome; Question Right Carpal Tunnel Syndrome versus Right Cervical Radiculopathy. The patient is not on oral medications as "she is trying to get pregnant." The patient also had a Panel Qualified Medical Evaluation on 2/19/2014. This evaluation included review of an MRI and EMG. Reportedly, the MRI of the right shoulder (6/21/2012) showed minimal tendonosis about the rotator cuff. The MRI of the cervical spine was "essentially negative." An EMG dated 5/22/2012 was "entirely negative."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 3rd Edition page 935

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. In this case, the patient is not taking any medications. There is no evidence of aberrant behavior or red flags for drug abuse recorded in the medical records. She is trying to get pregnant and has specifically refused to take medications that have been suggested to address her chronic pain. Given that the patient is not taking medications and there is no evidence to support red flags for aberrant behavior, there is no justification for urine drug testing. The test is not considered as medically necessary.

**Electromyography of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252.

**Decision rationale:** The MTUS/ACOEM Guidelines Chapter 9 (Pages 195-252) address the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These guidelines state that "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. 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 medical records available for review do not contain information to support a suspected neuropathy. There is insufficient documentation to support the presence of a neuropathy causing the patient's right shoulder and arm pain. The Primary Treating Physician's Reports do not include objective findings on examination that suggests neuropathic pain. The patient has had a prior EMG that was reportedly normal. There has been no change in the nature of the symptoms since the performance of the last EMG. In summary, there is insufficient documentation in support of diagnostic testing with another EMG in this patient.

**Chiropractic 2 x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 57-60.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic therapy under the topic Manual Therapy & Manipulation. Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. These guidelines provide specific recommendations based on the location of the patient's symptoms. For example: Low back: Recommended as an option. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. In this case there is no documentation to indicate the rationale for the use of chiropractic care. The patient's primary symptoms include chronic pain in the forearm, wrist and hand; conditions for which the above stated guidelines state that manual therapy and manipulation are "not recommended." Therefore, given the lack of documentation for the rationale for the use of chiropractic care and the information cited in the MTUS/Chronic Pain Medical Treatment Guidelines, chiropractic care is not considered as medically necessary.