

Case Number:	CM14-0141780		
Date Assigned:	10/09/2014	Date of Injury:	04/17/2014
Decision Date:	11/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine and Geriatrics, has a subspecialty in Family Practice and is licensed to practice in New York. 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 injured worker is a 60 year old woman with a date of injury of 4/17/14. She was seen by her primary treating physician. She reported neck and bilateral shoulder pain as well as 'abdominal, sleep and anxiety/depression residuals'. Her exam showed she had diffuse neck tenderness and bilateral negative straight leg raises at 60 degrees. She had normal, symmetric reflexes negative Tinel's bilaterally and negative Phalen's on the left and numbness at the right wrist with Phalen's. She had diffuse right and left shoulder pain. Her diagnoses were cervical spine, right shoulder and left shoulder strain. At issue in this review is the request for physical therapy, cervical and left/right shoulder MRI, upper extremity EMG, range of motion testing, grip strength testing, sensory testing, Epworth sleepiness testing and a pain medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178 and 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: According to the MTUS ACOEM Guidelines, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The exam showed numbness with a right Phalen's test but negative left Phalen's and negative Tinel's bilaterally. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the upper extremities. Therefore, the request is not medically necessary.

1 single positional MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: According to the referenced guidelines, a MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. The records document a physical exam with diffuse neck tenderness but no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated. Therefore, the request is not medically necessary.

1 single positional MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: According to the referenced guideline, a MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. The records document a physical exam with diffuse right and left shoulder pain but no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, a MRI of the right shoulder is not medically substantiated. Therefore, the request is not medically necessary.

1 single positional MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: According to the guidelines, a MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. The records document a physical exam with diffuse right and left shoulder pain but no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, MRI of the left shoulder is not medically substantiated. Therefore, the request is not medically necessary.

1 ROM 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 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: According to the guidelines, range of motion testing is a non-specific request that can be completed as part of the routine musculoskeletal exam. Her exam does not document any significant motor or range of motion abnormalities. The records do not support the medical necessity for range of motion testing for the cervical spine. Therefore, the request is not medically necessary.

1 ROM right 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): 195-224.

Decision rationale: According to the guidelines, range of motion testing is a non-specific request that can be completed as part of the routine musculoskeletal exam. Her exam does not document any significant motor or range of motion abnormalities. The records do not support the medical necessity for range of motion testing for the right shoulder. Therefore, the request is not medically necessary..

1 ROM 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): 195-224.

Decision rationale: According to the guidelines, range of motion testing is a non-specific request that can be completed as part of the routine musculoskeletal exam. Her exam does not document any significant motor or range of motion abnormalities. The records do not support the

medical necessity for range of motion testing for the left shoulder. Therefore, the request is not medically necessary.

1 muscle testing for both upper and lower extremities: 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): 165-193.

Decision rationale: According to the guidelines, muscle testing is a non-specific request that can be completed as part of the routine musculoskeletal and neurologic exam. Her exam does not document any significant motor or strength abnormalities. The records do not support the medical necessity for muscle testing for both upper and lower extremities. Therefore, the request is not medically necessary.

1 Epworth sleep testing: 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 Up-to-date: Treatment of insomnia

Decision rationale: According to the referenced guideline, patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive general advice regarding sleep hygiene. This injured worker has sleep listed as a 'residual' but there is no documentation of any discussion of sleep hygiene, snoring or day time sleepiness. The current MD note requests Epworth sleep testing but it is not clear the contributions that pair or her current medications contribute to day time somnolence or difficulty sleeping related to pain. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. The records do not support the medical necessity for Epworth sleep testing. Therefore, the request is not medically necessary.

1 grip strength testing:

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): 165-193.

Decision rationale: According to the referenced guideline, grip strength testing is a non-specific request that can be completed as part of the routine musculoskeletal and neurologic exam. Her exam does not document any significant motor or strength abnormalities. The records do not

support the medical necessity for grip strength testing. Therefore, the request is not medically necessary.

1 sensory testing of both upper and lower extremity: 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): 165-193.

Decision rationale: The injured worker is a 60 year old woman with a date of injury of 4/17/14 and neck and bilateral shoulder pain as well as 'abdominal, sleep and anxiety/depression residuals'. Sensory testing is a non-specific request that can be completed as part of the routine musculoskeletal and neurologic exam. Her exam does not document any significant sensory abnormalities. The records do not support the medical necessity for computerized sensory testing of both upper and lower extremities.

Pain management consult:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: The Chronic Pain Medical Treatment Guidelines note that a comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. Her physical exam does not support this complexity. She was simultaneously referred for several additional modalities therapy. A pain management consult is not medically substantiated at this point in her course. Therefore, the request is not medically necessary.

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174, 203 and 212.

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, the records do not document a functional assessment or any difficulties with ADLs and mobility. The records also do not document the goals / objectives of physical therapy

with regards to pain and / or functional improvement. The records do not support the medical necessity for 12 physical therapy visits in this injured worker. Therefore, the request is not medically necessary.