MAXIMUS Federal Services

Case Number:	CM14-0149475		
Date Assigned:	09/18/2014	Date of Injury:	11/17/2011
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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 injured worker is a 35-year-old female who sustained cumulative trauma injuries from November 17, 2011 to September 29, 2013. X-ray exams done on October 28, 2013 revealed negative radiographic examinations of the bilateral shoulder, lumbar spine and left knee. In the cervical spine, findings revealed (a) widening of the superior mediastinum; (b) reversal of the sagittal cervical curve; and (c) right convexity of the cervical spine. Correlation of the findings through x-ray exam of the chest was on November 19, 2013 showing no active cardiopulmonary disease. Magnetic resonance imaging scan of the left knee done on December 12, 2013 showed (a) small bone island at the posterior aspect of medial femoral condyle; (b) small knee joint effusion; (c) marrow reconversion in femoral metaphysis; and (d) reduced tibiofemoral joint space more marked medially. Electromyogram/nerve conduction velocity studies of the upper and lower extremities done on January 18, 2014 revealed no abnormal findingsThe injured worker was seen by the treating provider on May 15, 2014 for initial comprehensive internal medicine consultation regarding the abnormal findings noted in the magnetic resonance imaging scan of the lumbar spine which showed bulky uterus with left ovarian cyst as well as headaches and insomnia. Examination of the neck revealed tenderness over the posterior cervical spine and paracervical musculature as well as limited range of motion. Examination of her back revealed tenderness over the thoracolumbar spine and paralumbosacral soft tissue. Examination of her upper extremities demonstrated tenderness over the superior posterior aspect of the shoulders as well as increased muscular tone of the shoulders. Lower extremities examination revealed mild tenderness over the anterior medial aspect of the left knee.The injured worker was also seen on May 21, 2014 with complaints of 7/10 pain level in her cervical spine and shoulders, 9/10 pain level in her lumbar spine and 6/10 pain level in her left knee. Objective findings revealed tenderness over the paravertebral musculatures of the cervical and lumbar spine as well as

limited flexion and abduction ranges of motion of the shoulders. She returned on June 20, 2014 and complained of constant pain in her neck and lower back with intensity of 8-9/10, intermittent numbness and tingling sensation in her upper and lower extremities, as well as intermittent pain with intensity of 7-8/10 in her shoulders and left knee with cracking. Examination of the cervical spine revealed tenderness over the paraspinals and upper trapezius, spasm over the paraspinals, and restricted range of motion. Lumbar spine examination demonstrated tenderness over the paraspinals. Examination of her shoulders showed positive Impingement and Empty can tests on the right side as well as limited range of motion. Examination of her knees revealed decreased flexion on the left side. She was reevaluated on August 22, 2014 with complaints of pain in her cervical and lumbar spine, shoulders, and left knee with intensity ranging between eight and 10 out of 10. Physical examination revealed tenderness over paraspinals of the cervical, thoracic and lumbar spine with spasm over the cervical spine. Shoulder examination demonstrated positive Impingement test on the right side and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Upheld

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

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

Decision rationale: The injured worker has no significant or progressive neurologic change in her condition to necessitate repeat electrodiagnostic test. Moreover, objective findings did not show any evidence of reflex, motor, or sensory deficits in the extremities suggestive of radiculopathy. Electromyogram of the bilateral upper extremities is not medically necessary.

NCV Bilateral Upper Extremities: Upheld

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

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

Decision rationale: The injured worker has no significant or progressive neurologic change in her condition to necessitate repeat electrodiagnostic test. Moreover, objective findings did not show any evidence of reflex, motor, or sensory deficits in the extremities suggestive of radiculopathy. A nerve conduction velocity study of the bilateral upper extremities is not medically necessary.

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker has no significant or progressive neurologic change in her condition to necessitate repeat electrodiagnostic test. Moreover, objective findings did not show any evidence of reflex, motor, or sensory deficits in the extremities suggestive of radiculopathy. Electromyogram of the bilateral lower extremities is not medically necessary.

NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker has no significant or progressive neurologic change in her condition to necessitate repeat electrodiagnostic test. Moreover, objective findings did not show any evidence of reflex, motor, or sensory deficits in the extremities suggestive of radiculopathy. A nerve conduction velocity study of the bilateral lower extremities is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for Performing and FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: Records did not establish that any of the criteria as indicated in the Official Disability Guidelines have been satisfied to support functional capacity evaluation. The guidelines specified that functional capacity evaluation should be considered when (1) case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities; or (2) Timing is appropriate: Close or at maximum medical improvement/all key medical reports secured or additional/secondary conditions clarified.

Additional Acupuncture 2 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no clear evidence of objective and functional gains from previously completed acupuncture visits to necessitate further treatment. The Acupuncture Medical Treatment Guidelines specified that acupuncture treatments may be extended if functional improvement is documented.