MAXIMUS Federal Services

Case Number:	CM14-0169197		
Date Assigned:	10/17/2014	Date of Injury:	10/27/2001
Decision Date:	12/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 (IW) is a 43-year-old woman with a date of injury of October 27, 2001. The mechanism of injury was not documented in the medical record. MRI of the cervical spine dated May 21, 2014 revealed cervical disc bulges. Right shoulder MRI revealed bursitis and effusion. The IW has completed 24 acupuncture treatment sessions and 24 chiropractic treatment sessions. Pursuant to the most recent progress note dated August 15, 2014, the IW complains of neck pain that is described as frequent, intermittent, moderate and right side (flare-up). The IW complains of right shoulder pain that is described as frequent, constant, and moderate to severe and soreness (flare-up). Objective physical findings cervical spine revealed moderate to severe palpable tenderness, slightly improved range of motion: Flexion 25/45; extension, 35/55; right lateral flexion 25/45; left lateral flexion 30/45; right rotation 65/90; left rotation 60/90; +CCT; +CDT; +FCT; and + Shoulder dist. Right shoulder reveals moderate palpable tenderness, slightly improved range of motion: Abduction 120/170; flexion 130/170; internal rotation 40/60; external rotation 40/80; extension 12/30; adduction 15/30, + Apley's Scratch, and + Apprehension. The IW was diagnosed with cervical spine disc bulges with radiculopathy; and right shoulder bursitis, effusion. Current medication were not documented, however, documentation indicated that the IW was taking less pain medication. The provider indicated that the injured worker's response to acupuncture has been satisfactory. Her pain level and duration of pain have slightly decreased. The provider is recommending ongoing chiropractic care with physiotherapy modalities and therapeutic exercises once a month while she is waiting for an orthopedic examination. A request was made for NCV/EMG study of the bilateral upper extremities, and orthopedic examination and possible injections to the right shoulder. The IW was to remain on temporary disability to September 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic and physiotherapy 1 x per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy and Chiropractic

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic and physical therapy one time per month is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines allow for fading of treatment frequency (from up to three visits per week to one or less) plus active self-directed home physical therapy. In this case, the injured worker had symptoms referable to the right shoulder and cervical spine with tenderness. An MRI of the cervical spine showed cervical disc bulges. MRI of the right shoulder showed bursitis and effusion. The injured worker's response to acupuncture has been satisfactory with decreased pain levels. The injured worker completed 24 acupuncture treatment sessions in addition to 24 chiropractic treatments. The injured worker complained frequent/constant, moderate to severe radiating pain to the right side (right side?) and right shoulder frequent/constant, moderate to severe pain and soreness (Flare up Page 72 of the record). The injured worker had 24 acupuncture treatments, in addition to 24 chiropractic treatments and should be well-versed in home exercises with which to deal with a flare-up. There was no clinical rationale for the patient to undergo physical therapy/chiropractic therapy one time per month based on the documentation. Consequently, chiropractic and physical therapy one time per month is not medically necessary.

EMG/NCV of upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, NCV/EMG

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the upper extremities is not medically necessary. Nerve conduction studies (cervical spine) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option in selected cases. In this case, the injured worker was being treated

for neck complaints, improving and right shoulder complaints, improving objective findings show moderate palpable tenderness in the cervical spine and moderate, tenderness in the right shoulder. Range of motion indices were present at both anatomical locations. There was no objective evidence of radiculopathy on physical examination. There were no red flags on physical examination, no documentation of specific lateral upper extremity pain that followed dermatome and no objective findings demonstrating peripheral nerve entrapment. Although the injured worker complained of subjective weakness, there were no objective findings. Consequently, EMG/NCV of the upper extremities are not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, EMG/NCV of the upper extremities are not medically necessary.

Ortho evaluation for right shoulder cortisone injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultation regarding referral, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Consultations, Page 207 and on the Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, orthopedic consultation with cortisone injection are not medically necessary. A consultation is designed to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and were he examined his fitness for return to work. In this case, the treating physician requires assistance in the therapeutic management of this injured worker. A cortisone injection is a therapeutic intervention determined to be medically necessary by the orthopedic consultant. Consequently, the request for a cortisone injection by the orthopedist consultant is not clinically indicated. The cortisone injection is the consultant's decision. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, orthopedic consultation with a cortisone injection is not medically necessary.