MAXIMUS Federal Services

Case Number:	CM14-0172533		
Date Assigned:	10/23/2014	Date of Injury:	03/16/2013
Decision Date:	12/16/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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:

This 56-year old housekeeper reported injuries to her left arm, neck and back after lifting the foot of a mattress on 3/16/13. Initial treatment included medications and physical therapy. She resigned from her job on 3/25/13 and sought legal representation on 5/8/13. She apparently sustained a non-work related automobile accident with injuries to her neck and back for which she is still being treated. An orthopedic AME evaluation performed 2/28/14 noted that physical therapy had only been helpful in the short term. He documented findings from an MRI performed 4/16/13 that showed moderate supraspinatus tendinosis and subacromial bursitis as well as AC arthritis. There was no full thickness rotator cuff tear. The AME's sole diagnoses were impingement syndrome and rotator cuff tendinosis of the left shoulder. He recommended arthroscopic surgery. There are several notes in the available records from a primary treater who is an MD. He treated the patient with medications which included naproxen, tramadol, and cyclobenzaprine. His notes consistently state that the patient has made no progress in terms of pain, tenderness or work ability. On 3/27/14 he requested authorization for surgery, and on 4/24/14 he requested an authorization for psychiatric evaluation, but the records contain no other requests from him. A UR (utilization review) performed 9/18/14 notes that a chiropractor submitted a request for authorization for multiple treatments and evaluations on 8/15/14. This request is not included in the records, nor is any progress notes by the chiropractor. It is unclear if the patient has changed treating providers, or if the chiropractor is associated with the original primary treater. The UR report also makes reference to a progress note dated 8/29/14, which is not contained in the available records. The most recent clinical record available is a progress note dated 4/24/14, signed by the original primary treater. The requests made by the chiropractor were non-certified in the UR of 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 5 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Physical Medicine Page(s): 9;98-99.

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, and a maximum of 8-10 visits over 4 weeks is recommended for neuralgia, neuritis and radiculitis.The clinical records in this case do not support continuing physical therapy. This patient has already had some number of sessions of physical therapy, which resulted in no functional improvement. Presumably, she has been instructed in home exercise. No goals for functional improvement are documented anywhere in the records which are likely to be accomplished by formal physical therapy rather than home exercise. Based on the evidence-based guidelines cited above and the clinical findings available for my review, 10 additional physical therapy sessions 2 times 5 weeks for the left shoulder are not medically necessary. They are not medically necessary because the patient has not made functional progress with the PT she has already had, continued passive treatment is not indicated, ten physical therapy sessions are more than the total number of sessions likely to be of benefit even if she responds to therapy, and her provider has not identified specific functional goals that could be achieved with physical therapy but not home exercise.

Chiropractic 3 times a week for 8 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines, Sprains and strains of shoulder and upper arm and Shoulder chapter, Manipulation

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the ODG guidelines, chiropractic therapy should consist of 9 visits over 8 weeks, starting with up to three visits per week and fading to one per week. The ODG shoulder chapter states that chiropractic manipulation should not be used beyond 2-3 visits if signs of objective progress toward

functional restoration are not demonstrated. The clinical documentation in this case does not support the provision of chiropractic manipulation to this patient. She has been at total disability status for months, and there are no functional goals recorded in the record. The number of chiropractic visits far exceeds that recommended by evidence-based guidelines. Based on the evidence-based citations above and on the clinical information provided for review, chiropractic treatment three times per week for eight weeks is not medically necessary because no functional goals are documented for its performance, and the number of requested visits is in excess of that recommended by guidelines.

Work conditioning 3 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: Work conditioning and work hardening are equivalent terms. According to the reference cited above, the criteria for admission to a work hardening program include:(1) For work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. An FCE [Functional Capacity evaluation] may be required with an employer verified physical demands analysis (PDA).(2) After an adequate trial of physical or occupational therapy with improvement followed by plateau but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) No surgery or other treatments clearly warranted to improve function.(4) Minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee.(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program).(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of significant gains.(10) Neither re-enrollment in, nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.The clinical documentation in this case does not support the provision of work hardening to this patient. The patient did not show any improvement with a trial of physical therapy. It appears likely that surgery is warranted to improve function. There is no defined return to work goal agreed to by both the employer and the employee, and in fact this patient no longer has an employer. It is not clear that the patient has functional and psychological limitations that are likely to improve with a work hardening program. The provider has not specifically delineated any goal which would require the performance of work hardening rather than continued exercise at home. Based on the MTUS citation above and on the clinical documentation provided for my review, work conditioning for the left shoulder, 3 times per week for 3 weeks is not medically necessary. It is not medically necessary because the criteria for enrollment in a work hardening program have not been met and the provider has not provided specific goals for work hardening that could not be accomplished by home exercise.

Acupuncture 3 times a week for 8 weeks for left shoulder pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture guidelines cited above states that acupuncture should be performed 1-3 times per week with optimal duration of 1-2 months. The time needed to produce functional improvement is 3-6 visits, and treatment may be extended if functional improvement is documented. The clinical findings in this case do not support the performance of acupuncture on this patient. There is no documented functional status beyond total disability, and there are no documented functional goals. In this situation, it would be impossible to determine if acupuncture was achieving any results that would warrant continuing it. In addition, the 24 visits requested are well in excess of the number recommended by the guideline, and would not allow for acupuncture to be discontinued if it is not successful. Based on the MTUS citation above and on the clinical documentation provided for my review, acupuncture three times per week for eight weeks is not medically necessary because there are no documented goals for its performance and the number of requested visits exceeds that recommended by guidelines.

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremity: 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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272, 182,Chronic Pain Treatment Guidelines Page(s): 10.

Decision rationale: The MTUS Chronic Pain Guidelines do not specifically address EMG/NCV. However, per page 10 of the guidelines, when a patient is diagnosed with chronic pain and the treatment for the condition is covered in the clinical topics sections but is not addressed in the chronic pain medical treatment guidelines, the clinical topics section applies to that treatment. According to the ACOEM clinical topics sections cited above, EMG is recommended to clarify nerve root dysfunction in cases of suspected cervical disk herniation preoperatively or before epidural injection. EMG for diagnosis of nerve root involvement is not recommended if findings of history, physical exam, and imaging sturdy are consistent. EMG/NCV testing can be useful for identifying carpal tunnel syndrome, but is not helpful for identifying other common forearm, wrist and hand problems. NCV is recommended for evaluating median or ulnar impingement at the wrist after failure of conservative treatment. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening of patients without symptoms is not recommended. In this case, so little clinical information is provided that it is impossible to discern why EMG/nerve conduction study (NCS) is being requested. The patient does not have documented neurological abnormalities or symptoms. No

surgery or epidural injection is planned. It appears likely that it is being requested for screening of an asymptomatic patient. Based on the MTUS citations above, EMG/NCV testing of the bilateral upper extremities is not medically necessary. It is not medically necessary because the available documentation is insufficient to determine what condition is suspected, and it appears likely that it is being performed as a routine screening measure, which is not recommended.

Functional Capacity Evaluation for left arm/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 5 Cornerstones of Disability Prevention and Management Page(s): 81,Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: A functional capacity evaluation is also called an FCE. The ACOEM citation above states that in order to determine a patient's work limitations, it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The work hardening reference states that an FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis as a criterion for entry in a work hardening program. The clinical findings in this case do not support the performance of a functional capacity evaluation on this patient. She has not worked for over a year, and no return to work or to any strenuous activity is being contemplated. If it were necessary to determine her work limitations, it would be possible to do so without a formal FCE. She is not a candidate for work hardening. She may be getting surgery, which would mean that any current functional capacity might soon change. Again, there is no documentation of any current functional status or goals. It is not clear why her providers did not document what daily activities she is now able to accomplish and then set reasonable goals that she could aim for. It is not clear why the requesting provider needs an FCE at this point. Based on the MTUS citations above and on the clinical documentation provided for my review, a functional capacity evaluation is not medically necessary for this patient because no good reason for performing it has been documented.