

Case Number:	CM14-0152780		
Date Assigned:	10/24/2014	Date of Injury:	02/15/2014
Decision Date:	01/21/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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 applicant is a represented who has filed a claim for shoulder, elbow, hand, wrist, low back, and knee pain reportedly associated with cumulative trauma at work between the dates of March 1, 2013 through March 20, 2014. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for six sessions of chiropractic manipulative therapy for the wrist, denied a request for EMG testing of the bilateral upper extremities, and denied a followup orthopedic visit. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the orthopedic visit. The claims administrator stated that its decision was based on a progress note of July 3, 2014 and an RFA form of August 20, 2014. The applicant's attorney subsequently appealed. In a July 11, 2014 progress note, the applicant reported ongoing complaints of bilateral knee, shoulder, neck, elbow, wrist, and hand pain, all attributed to cumulative trauma at work. It was suggested (but not clearly stated) that the applicant was working at this time. Physical therapy was sought. In a handwritten progress note dated July 3, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, shoulder, elbow, wrist, and knee pain, 7/10. Six sessions of physical therapy, an orthopedic referral, and electrodiagnostic testing were sought while the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and comprised almost entirely of preprinted checkboxes, with little to no narrative commentary. The attending provider stated that the applicant carried diagnosis of cervical degenerative disk disease versus cervical stenosis, lumbar degenerative disk disease versus lumbar facet arthrosis, shoulder tendinitis versus impingement syndrome versus bicipital tendon tear, knee internal derangement versus meniscal tear, and wrist and elbow strains. The six sessions of chiropractic manipulative therapy, the attending provider posited, represented a first-time request for chiropractic manipulative therapy. In an earlier note dated May 8, 2014, MRI

imaging of the cervical spine, lumbar spine, bilateral shoulders, and bilateral knees was sought, along with eight sessions of physical therapy, functional capacity testing, and topical compounds while the applicant was, once again, kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x3 of the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 11, manipulation has not been proven effective for applicants with pain in the hand, wrist, and/or forearm, as was/is present here. The attending provider's handwritten progress note, preprinted checkboxes, and lack of narrative commentary did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Electromyography (EMG) of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 notes that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected cervical disk herniation preoperatively or before epidural injection, in this case, however, the applicant was given diagnoses of cervical degenerative disk disease and cervical stenosis on the September 3, 2014 on which the EMG testing was sought. There was no mention of cervical radiculopathy's being suspected here. There was no mention of issues with neck pain radiating to the arms and/or suspected cervical nerve root dysfunction for which the EMG at issue would have been indicated. The attending provider's handwritten progress note and preprinted checkboxes did not contain any applicant-specific information or rationale which would have augmented the request. Therefore, the request was not medically necessary.

Electromyography (EMG) of the left upper 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): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is "recommended" to clarify a diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection, in this case, however, there was no mention of cervical nerve root dysfunction's being suspected here. The applicant was given stated diagnosis of cervical degenerative disk disease versus cervical stenosis. There was no mention of the applicant's potentially carrying a diagnosis of cervical radiculopathy or cervical nerve root dysfunction. The attending provider's handwritten progress note and preprinted checkboxes did not contain much narrative rationale or support for the request so as to augment the ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Orthopedic follow-up: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 306; 180.

Decision rationale: The applicant's primary pain generator here appears to be the cervical and lumbar spines. However, the MTUS Guidelines in ACOEM Chapter 8, page 180 and ACOEM Chapter 12, page 306 both note that applicants with neck or upper back pain or low back pain alone, without findings of significant conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. In this case, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving either of the cervical or lumbar spines. It was not clearly stated why an orthopedic surgery consultation and/or orthopedic surgery followup visit was sought. There was no mention of the applicant's willingness to consider any kind of surgical intervention involving the body parts at issue. Therefore, the request is not medically necessary.