

Case Number:	CM15-0014967		
Date Assigned:	02/02/2015	Date of Injury:	07/24/2013
Decision Date:	06/01/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68-year-old female who reported an injury on 05/23/2013. The mechanism of injury involved repetitive activity. The current diagnoses include impingement syndrome of the left shoulder, discogenic cervical condition, hip joint inflammation on the left, discogenic lumbar condition, and chronic pain related to depression, sleep, and stress. The injured worker presented on 12/16/2014 for a follow-up evaluation. The injured worker reported persistent over multiple areas of the body. Upon examination there was growing tenderness noted along the left side, limited lumbar range of motion with flexion to 40 degrees and extension to 20 degrees, flexion of the hip to 25 degrees, positive impingement sign in the left shoulder with abduction to 135 degrees, and tenderness along the rotator cuff on the left. Treatment recommendations at that time included an MRI of the left shoulder, an injection of the left hip, nerve conduction studies, a TENS unit, and continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there is documentation of tenderness to palpation and positive impingement testing involving the left shoulder. However, there is no mention of an attempt at any conservative management for the left shoulder prior to the request for an imaging study. Given the above, the request is not medically necessary at this time.

Consult/Referral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The specific type of consultation/referral was not listed in the request. As such, the request is not medically necessary.

Injection to the left hip: 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); Hip and Pelvic chapter; Intra-Articular Steroid Hip Injection (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Intra-articular steroid hip injection (IASHI).

Decision rationale: The Official Disability Guidelines do not recommend intra-articular steroid hip injection in early hip osteoarthritis. They are currently under study for moderately advanced or severe hip osteoarthritis. The injured worker does not maintain a diagnosis of hip osteoarthritis. There was no comprehensive physical examination of the left hip provided. There was also no documentation of any conservative management for the left hip prior to the request for an injection. The specific type of injection was not listed in the request. Given the above, the request is not medically necessary.

EMG/NCV bilateral upper, and bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients when neck or arm symptoms, and low back symptoms lasting more than 3 or 4 weeks. There was no documentation of a motor or sensory deficit involving the bilateral upper or lower extremities upon examination. The medical necessity for the requested electrodiagnostic testing has not been established. As such, the request is not medically appropriate.