

Case Number:	CM15-0117458		
Date Assigned:	07/01/2015	Date of Injury:	04/09/2015
Decision Date:	10/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 26 year old female, who sustained an industrial injury on 4/09/2015. She reported progressive pain to her bilateral wrists, elbows, shoulders, neck, upper back, and lower back, along with numbness and tingling, as the result of repetitive duties. The injured worker was diagnosed as having subacute traumatic moderate repetitive sprain/strain to the cervical, thoracic, and lumbar spines, rule out herniated disc, subacute traumatic moderate repetitive sprain/strain to bilateral shoulders, elbows, and wrists, rule out ligamentous injury and carpal tunnel syndrome/tenosynovitis, anxiety, depression, stress, and nightly sleep disturbances. Treatment to date has included 3 sessions of physiotherapy, X-rays of the wrists, shoulders, and lumbar spine, wrist braces, medication, and modified work. Currently, the injured worker complains of pain in her neck (7/10), upper back (7/10), lower back with radiation to the lower extremities (9/10), bilateral shoulders (7/10), bilateral elbows (5/10), and bilateral wrists (7-8/10). She also complained of anxiety, depression, stress, and sleep disturbance. Upon palpation, moderate tenderness and myospasm was noted in the paraspinal musculature at C5-7, T1-5, L2-5, and L5- S1, along with the upper trapezius muscles, and over the bilateral shoulders, elbows and wrists. Positive orthopedic tests were documented. The treatment plan included magnetic resonance imaging of the cervical, thoracic, and lumbar spines, along with the bilateral shoulders, elbows, and wrists. An Initial Functional Capacity Evaluation was requested to determine her current work capacity. Shockwave therapy (1x6) to the lumbar spine was requested to improve range of motion. Physical and chiropractic therapy (x8) were recommended. A transcutaneous electrical nerve stimulation unit was recommended to diminished flare of pain and dependency on medication, along with a cervical pillow and pillow wedge. Electromyogram and nerve conduction studies of the cervical spine and upper extremities were also scheduled. Her work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 for the neck, upper/mid/lower back, bilateral shoulders/elbows/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The guidelines are for 4-6 treatments over 2 weeks. The request exceeds the established guidelines. Therefore the request is not medically necessary.

Physical therapy 2 x 4 for the neck, upper/mid/lower back, bilateral shoulders/elbow/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Low Back, Shoulder, Elbow, and Forearm, Wrist & Hand chapters (online version), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The guidelines are for 4-6 treatments over 2 weeks. The request exceeds the established guidelines. Therefore the request is not medically necessary.

MRI of the bilateral elbows: 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), Elbow, MRIs.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI is most effective when there is evidence of soft tissue injury or nerve impingement. Also when surgery is a consideration. The record provides no evidence of soft tissue injury requiring MRI evaluation of need for surgery. Therefore the request is not medically necessary.

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI is most effective when there is evidence of soft tissue injury or nerve impingement. Also when surgery is a consideration. The record provides no evidence of soft tissue injury requiring MRI evaluation of need for surgery. Therefore the request is not medically necessary.

Cervical pillow for purchase: 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), web-based version, Neck chapter, Cervical pillows.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Chapter 6, Section on pillow.

Decision rationale: The pillow is recommended when used in conjunction with supervised exercise plan. The worker completed two sessions for recommended PT. Until the exercise plan is established the pillow is not indicated. Therefore the request is not medically necessary.

Wedge pillow for purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Chapter 6, Section on pillow.

Decision rationale: The pillow is recommended when used in conjunction with supervised exercise plan. The worker completed two sessions for recommended PT. Until the exercise plan is established the pillow is not indicated. Therefore the request is not medically necessary.

TENS unit for home use x 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: There is very limited evidence supporting TENS unit. There is insufficient evidence supporting TENS unit as part of initial care. Therefore the request is not medically necessary.

EMG/NCV of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The worker has not completed a reasonable course of therapy or have evidence of specific nerve involvement. The records do not indicate the nerve or muscle studies are indicated. Therefore the request is not medically necessary.

Shockwave therapy 1 x 6 for the lumbar spine: 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), Low Back (online version), Shock wave therapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: There is insufficient evidence in support of shock therapy as a modality for treating low back pain and associated complaints. Therefore the request is not medically necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI is most effective when there is evidence of soft tissue injury or nerve impingement. Also when surgery is a consideration. The record provides no evidence of soft tissue injury requiring MRI evaluation of need for surgery. Therefore the request is not medically necessary.

Initial Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The function improvement measures are related to return to work. The worker has not completed therapy program and has not prepared to return to work. Therefore the request is not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The worker has not completed a reasonable course of therapy and have evidence of specific nerve involvement. The records do not indicate the nerve or muscle studies are indicated. Therefore the request is not medically necessary.