

Case Number:	CM15-0119364		
Date Assigned:	06/29/2015	Date of Injury:	06/02/2012
Decision Date:	10/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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

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 34 year old male who sustained an industrial injury on 6/2/12 as he was turning the steering wheel in his truck he felt a pop and sharp pain in his left shoulder. He was medically evaluated, had radiographs and was given medication. He had cortisone injections, physical therapy and an MRI. He currently complains of right and left shoulder pain with a pain level of 8/10; right and left wrist/ hand pain with numbness of the digits (7-8/10). He has sleep disturbances. He has difficulty with activities of daily living due to hand/ wrist/ digit pain. On physical exam there was palpable tenderness of bilateral cervical spine paraspinal musculature and trapezius muscles with decreased range of motion; bilateral shoulder exam reveals palpable tenderness of bilateral acromioclavicular joints, subacromial spaces and rotator cuffs with decreased range of motion, Neer's, Hawkin's and Empty Can tests were positive bilaterally; bilateral wrists/hands reveals bilateral tenderness of the volar and dorsal aspects of the wrists/hands, Phalen' and Finklestein's tests were positive bilaterally. Medications are Percocet, Protonix, Xanax, Adderall. Diagnoses include status post right shoulder open distal clavicle excision (10/11/14); status post excision out end, left clavicle with residual impingement of left minor shoulder; impingement syndrome, right major shoulder; de Quervain's tenosynovitis, right major wrist; status post right carpal tunnel release, right major wrist; status post release first dorsal compartment, left minor wrist; reflux esophagitis; sleep disorder; cervical spine myalgia, secondary to bilateral shoulder injuries; left median nerve neuritis. Diagnostics include MRI right wrist (5/13/13) unremarkable; MRI right shoulder (5/10/13) mild tendinosis; MRI left shoulder (6/12/12) osteoarthritis. On 5/21/15 Utilization Review evaluated requests for

orthopedic wrist/hand specialist; orthopedic consult for bilateral shoulders; continuation with doctor internist; Neurologist; Psychiatric consult; nerve conduction/ electromyography bilateral upper extremities; sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic wrist/hand specialist: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the rationale for continued orthopedic consultation is unclear as there is no progress note found in the submitted documentation that is noted around the same time as the request for authorization which was dated 7/7/15. There are progress notes from March and February 2015, but these do not specific request orthopedic consultation. The mere presence of prior wrist surgery by itself does not necessary warrant orthopedic consultation. Given this, this request is not medically necessary.

Ortho consult for the bilateral shoulders: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the rationale for continued orthopedic consultation is unclear as there is no progress note found in the submitted documentation that is noted around the same time as the request for authorization which was dated 7/7/15. There are progress notes from March and February 2015, but these do not specific request orthopedic consultation. The

mere presence of shoulder impingement and rotator cuff issues which have been chronic do not necessary warrant orthopedic consultation without providing adequate rationale as to why this is necessary. Given this, this request is not medically necessary.

Continuation with doctor internist: Overturned

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) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a follow-up visits in general, the California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, there is documentation in an internist's progress note from March 2015 that the patient has continued gastroenterologic issues, such as reflux esophagitis, hiatal hernia, and NSAID induced gastropathy. The treatment plan of this note specifies for 3 month follow-up for these ongoing, chronic issues. Given this, this request is medically necessary.

Neurologist: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the rationale for neurologic consultation is unclear as there is no progress note found in the submitted documentation that is noted around the same time as the request for authorization which was dated 7/7/15. Without further clarification with progress note or written explanation circa the timing of the RFA, this request is not medically necessary.

Psyche consultation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the rationale for psychiatric consultation is unclear as there is no progress note found in the submitted documentation that is noted around the same time as the request for authorization which was dated 7/7/15. Without further clarification with progress note or written explanation circa the timing of the RFA, this request is not medically necessary.

NCV/EMG bilateral upper extremities: Upheld

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

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

Decision rationale: Regarding the request for EMG and NCS of the upper extremities, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of provocative maneuvers suggesting nerve entrapment. There are positive Phalen's and Tinel's sign. However, it is noted that this is a chronic injury and no recent rationale which summarizes how this study would affect management is noted. In fact, a progress note circa the timing of the request for authorization is not found in the submitted records. The current request is not medically necessary.

Sleep study: 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 Pain Chapter, Polysomnography.

Decision rationale: Regarding the request for a sleep study, California MTUS guidelines are silent. ODG states polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there is no mention of insomnia complaints in recent progress notes around the time of the request for authorization. Additionally, there is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or suspected periodic limb movement disorder, or insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the currently requested one sleep consult/study is not medically necessary.