

Case Number:	CM15-0126545		
Date Assigned:	07/13/2015	Date of Injury:	11/02/2010
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 11/2/10. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar sprain/strain; cervical sprain; shoulder impingement; enthesopathy of hip; wrist tendinitis. Treatment to date has included status post-right shoulder arthroscopic surgery (3/2/11); status post right shoulder manipulation under anesthesia (10/12/11); physical therapy; chiropractic therapy; medications. Diagnostics studies included MRI right shoulder with/without contrast (3/18/15); EMG/NCV bilateral lower extremities (3/24/15). Currently, the PR-2 notes dated 5/20/15 indicated the injured worker complains of continued neck and bilateral shoulder pain. She has restricted range of motion of her neck. Chiropractic care helped her previously. The provider is noting this is an exacerbation and he will order more chiropractic treatment. On physical examination he notes cervical spine tenderness on palpation of the paraspinal muscles with spasms. The right shoulder noted well-healed portal incisions with tenderness to pressure over the joint, muscle or bony and tendinous structures. The left shoulder has a positive impingement sign. She has tenderness over the wrist joints and first dorsal compartment bilaterally. There are positive bilateral Tinel's and Finkelstein's testing. She exhibits tenderness to pressure over the bilateral greater trochanter. Medications include Omeprazole DR 20mg, Orphenadrine ER 100mg and Ketoprofen 75mg. A MRI of the right shoulder dated 3/18/15 reveals postoperative changes and grossly unchanged. Mild AC joint hypertrophy/arthropathy, which may be unchanged however, differences in technique somewhat, limit direct comparison. Minimal subacromial/subdeltoid bursitis is noted. There is a slight thinning distal supraspinatus / infraspinatus tendons with mild bursal surface fraying. A tiny focal partial (25- 50% thickness) articular surface tear may be present near junction of the infra and supraspinatus tendons-

probably unchanged. No full-thickness tear, retraction or significant muscle atrophy. At least mild are of osteoarthritic changes at the glenohumeral joint. A degree of thinning and irregularity of the articular cartilage may be slightly more pronounced. Small margin spur off the interomedial aspect of the humeral head appears unchanged. There is mild peripheral fraying involving the superior labrum, posterior half which is probably unchanged. An EMG/NCV study of the lower extremities was completed on 3/24/15 with an impression of the smaller than expected left peroneal CMAP amplitude is indicative of left chronic L5 radiculopathy. Electromyographic indicators of acute lumbar radiculopathy were not seen. No electroneurographic evidence of entrapment neuropathy was seen in the lower extremities. The provider is requesting authorization of EMG/NCV bilateral upper extremities; orthopedic consultation; Functional Capacity Evaluation; CPAP 6cm/H2O and small ResMed swift FX nasal pillow mask; chiropractic care 6 visits for the neck, lower back and bilateral shoulders and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral Upper Extremities: 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), Electrodiagnostic testing (EMG/NCS), Electromyography (EMG) and Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS) Section.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. In this case, the injured worker complains of subjective numbness and tingling of the upper extremities, however, this is not corroborated on physical examination. The request for EMG/NCS of the bilateral upper extremities is determined to not be medically necessary.

Orthopedic Consultation for the Right Shoulder: 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, page 127, 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker has a decreased range-of-motion and positive impingement syndrome but she does not appear to be a surgical candidate at this time. There is no indication that she has fully exhausted the use of conservative treatments. The request for orthopedic consultation for the right shoulder is determined to not be medically necessary.

Functional Capacity Evaluation: 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), Fitness for Duty, FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria is met for the injured worker to justify a functional capacity evaluation. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for functional capacity evaluation is determined to not be medically necessary.

CPAP 6cm/H2O and small ResMed swift FX Nasal Pillow Mask: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, DME and on the Non-MTUS National Heart, Lung, and Blood Institute, <http://www.nhlbi.nih.gov/health/health-topics/topics.cpap>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Management of obstructive sleep apnea using auto-titrating positive airway pressure (APAP) and continuous positive airway pressure (CPAP) devices. Accessed at <http://www.guideline.gov/content.aspx?id=48269>.

Decision rationale: The MTUS Guidelines and ODG do not address when CPAP use is indicated. The National Guideline Clearinghouse provides criteria for when CPAP use is recommended. Review of these recommendations in relation to this injured worker's sleep study indicates treatment with CPAP is indicated. She has a AHI of 18.3, indicating moderate OSA, and as high as 48.0 when supine. She tolerated the CPAP during the treatment phase of the sleep study (full night CPAP titration study) and an optimal setting was reached at 6 cm H₂O. The request for CPAP 6cm/H₂O and small ResMed swift FX Nasal Pillow Mask is determined to be medically necessary.