MAXIMUS Federal Services

Case Number:	CM15-0070056		
Date Assigned:	04/17/2015	Date of Injury:	03/08/2012
Decision Date:	06/30/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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

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 male, who sustained an industrial injury on 03/08/2012. He reported an injury to his right shoulder and upper trapezius region. The injured worker is currently diagnosed as having right shoulder sprain/strain with impingement syndrome, cervical musculoligamentous sprain/strain, probable bilateral carpal tunnel syndrome, and sleep loss. Treatment and diagnostics to date has included right shoulder MRI, cervical spine MRI, nerve studies of the upper extremities, physical therapy, and medications. In a progress note dated 03/17/2015, the injured worker presented with complaints of right shoulder pain. The treating physician reported requesting authorization for physical therapy, right shoulder ultrasound, MRI of the cervical spine, and electromyography/nerve conduction studies of right upper extremity and left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 03/08/12 and presents with right shoulder pain. The request is for 8 PHYSICAL THERAPY SESSIONS. The RFA is dated 03/17/15 and the patient is temporarily totally disabled. Progress reports provided are hand-written and partially illegible. The patient has had several sessions of therapy prior to this request. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with right shoulder sprain/strain with impingement syndrome, cervical musculoligamentous sprain/strain, probable bilateral carpal tunnel syndrome, and sleep loss. Treatment to date includes right shoulder MRI, cervical spine MRI, nerve studies of the upper extremities, physical therapy, and medications. The 03/17/15 report indicates that the patient has been attending therapy. Pt states that he feels the therapy is helping with some of his motion. Although the treater provides general statements regarding how physical therapy has been helping, there is no indication of when these sessions took place or how many total sessions of therapy the patient. There is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. An additional 8 sessions of therapy to the session the patient has already had may exceeds what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.

One right shoulder ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, shoulder chapter has the following regarding ultrasound of the shoulder.

Decision rationale: The patient was injured on 03/08/12 and presents with right shoulder pain. The request is for RIGHT SHOULDER ULTRASOUND. The RFA is dated 03/17/15 and the patient is temporarily totally disabled. Progress reports provided are hand-written and partially illegible. The ODG Guidelines under shoulder chapter has the following regarding ultrasound of the shoulder, "recommended as an indicated below. The results of a recent review suggest that clinical examination by specialist can rule out the presence of rotator cuff tear and that either MRI or ultrasound can equally be used for detection of full thickness, rotator cuff tears, although ultrasound may be better at picking up partial tears, ultrasounds also may be more cost effective in a specialist hospital setting for identification of full thickness tears." The patient is diagnosed with right shoulder sprain/strain with impingement syndrome, cervical musculoligamentous sprain/strain, probable bilateral carpal tunnel syndrome, and sleep loss. Treatment to date includes right shoulder MRI, cervical spine MRI, nerve studies of the upper extremities, physical

therapy, and medications. It is unclear what investigation the treating physician is trying to obtain with an ultrasound, and what more can be obtained in addition to the MRI's already obtained. The reports are illegible. Therefore, the requested ultrasound of the right shoulder IS NOT medically necessary.

One MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines, neck and upper back (acute and chronic) chapter, magnetic resonance imaging.

Decision rationale: The patient was injured on 03/08/12 and presents with right shoulder pain. The request is for MRI OF THE CERVICAL SPINE. The RFA is dated 03/17/15 and the patient is temporarily totally disabled. Progress reports provided are hand-written and partially illegible. The patient had a prior MRI of the cervical spine; however, the results of this MRI are not provided. Regarding MRI, uncomplicated neck and back, chronic neck pain, ACOEM chapter 8 page 177-178 states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, neck and upper back (acute and chronic) chapter, magnetic resonance imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The patient is diagnosed with right shoulder sprain/strain with impingement syndrome, cervical musculoligamentous sprain/strain, probable bilateral carpal tunnel syndrome, and sleep loss. Treatment to date includes right shoulder MRI, cervical spine MRI, nerve studies of the upper extremities, physical therapy, and medications. Reports provided are illegible and objective findings are not clear. The patient had a prior MRI of the cervical conducted and there is no evidence of any progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. In this case, the patient does not present with any red flags such as myelopathy or bowel/bladder symptoms. Therefore, the requested MRI of the cervical spine IS NOT medically necessary.

One EMG/NCV of the right and left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back (acute and chronic) chapter, EMG.

Decision rationale: The patient was injured on 03/08/12 and presents with right shoulder pain. The request is for EMG/NCV OF THE RIGHT AND LEFT UPPER EXTREMITIES. The RFA is dated 03/17/15 and the patient is temporarily totally disabled. Progress reports provided are hand-written and partially illegible. The patient has had prior nerve studies conducted; however, the results are not provided. ACOEM Guidelines page 260 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." The patient is diagnosed with right shoulder sprain/strain with impingement syndrome, cervical musculoligamentous sprain/strain, probable bilateral carpal tunnel syndrome, and sleep loss. Treatment to date includes right shoulder MRI, cervical spine MRI, nerve studies of the upper extremities, physical therapy, and medications. Reports provided are illegible and objective findings are not clear. The patient had prior nerve studies of the upper extremities conducted and there does not appear to be any progressive neurologic deficit to warrant a repeat electrodiagnostics. The patient already had a set of studies. The requested EMG/NCV of the right and left upper extremities IS NOT medically necessary.