

Case Number:	CM15-0074509		
Date Assigned:	04/24/2015	Date of Injury:	05/11/2014
Decision Date:	07/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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, 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 45 year old female, who sustained an industrial injury on 5/11/14. She reported left wrist pain. The injured worker was diagnosed as having persistent left shoulder pain rule out internal derangement, persistent left wrist pain with history of complex fracture of the left radial wrist status post open reduction internal fixation on 5/28/14, and rule out carpal tunnel syndrome. Treatment to date has included physical therapy and medications. A physician's report dated 3/16/15 noted pain was rated as 8/10. Currently, the injured worker complains of left shoulder and left upper extremity pain with numbness and tingling in the left hand. The treating physician requested authorization for an electromyogram/nerve conduction velocity study for the left upper extremity, acupuncture 2x4, MRI of the left shoulder, second opinion orthopedic consultation, and Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM 2004 states that electrodiagnostic testing can assist with identifying focal neurologic compromise. The clinical examination does not reveal any evidence of focal neurologic abnormality and the patient has already undergone a carpal tunnel release. The goal of the repeat testing is not specified in the medical records and this request does not adhere to MTUS ACOEM. Therefore, it is not medically necessary.

Acupuncture 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 2009 recommends a trial of up to six sessions of acupuncture. This request for 8 sessions exceeds MTUS 2009 recommendations and there is no explanation provided as to why 8 sessions are required. This request for 8 sessions of acupuncture is not medically necessary.

MRI left shoulder: 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), Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: ODG indicates that advanced imaging studies of the shoulder can be obtained for acute injuries or to evaluate for a possible rotator cuff tear. The current clinical examination does not have a full shoulder examination or provide a diagnosis of concern. There is no mechanism of injury provided which would indicate the risk for an acute tear of the rotator cuff or history of trauma. Based upon the lack of clinical findings, history of injury and lack of differential diagnosis, this request for a shoulder MRI is not medically necessary.

Second opinion orthopedic consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: ACOEM states that additional consultation by a specialist to assist with diagnosis is an option. In this case, there is concern for a malunion of a wrist fusion. However, there is no x-ray, which describes any possibility of a malunion. Evaluation by another specialist such as an orthopedist would assist in the treatment of this patient once appropriate diagnostic testing identifies a problem. This request for a consultation is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use. The patient requires significant work restrictions due to pain while taking the Norco. MTUS 2009 states that opioids should result in improved pain limited function when used to treat non-cancer pain. The ongoing use of Norco is not medically necessary.