MAXIMUS Federal Services

Case Number:	CM14-0141824		
Date Assigned:	09/10/2014	Date of Injury:	05/23/2013
Decision Date:	10/07/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old female who reported an industrial injury on 5/23/2013; 16 months ago, attributed to the performance of her usual and customary job tasks reported as a slip and fall. The patient is not working. The patient complained of constant neck pain with numbness and tingling radiating down the spine to the low back; constant low back pain with numbness and tingling; constant left elbow pain with tingling; right wrist with constant pain and numbness and tingling; left wrist with constant pain and numbness and tingling. The objective findings on examination included tenderness to palpation to the paraspinal musculature from the cervical spine to the lumbar spine; diminished range of motion to the cervical spine; diminished range of motion to the lumbar spine; tenderness to palpation of the mid back and lower back paraspinal muscles; SLR negative; left elbow with no bruising swelling or atrophy; right wrist with normal range of motion; left wrist with normal range of motion; Tinel's test positive. The patient was noted to have had a prior Electromyography/nerve Conduction Velocity (EMG/NCV) of the bilateral upper extremities, which demonstrated a normal EMG and NCV that demonstrated severe bilateral carpal tunnel syndrome and an ulnar neuropathy. The diagnoses included cervical disc protrusion; cervical pain; cervical sprain/strain; lumbago; lumbar disc protrusion; lumbar sprain/strain; left elbow internal derangement; left elbow pain; left lateral epicondylitis; right carpal tunnel syndrome; left carpal tunnel syndrome; and chronic pain. The treatment plan included a referral to orthopedics for carpal tunnel syndrome and left ulnar neuropathy and a referral to pain management. The patient was prescribed chiropractic care 1-6; acupuncture 2-6; trial a paraffin wax bath to the bilateral wrists; bilateral wrist braces; vital wrap system; transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation An Assessment of the Effiacy of physical therapy and physical modalities for the control of chronic musculoskeletal pain - Feline JS and Lund JP. McGill University, Montreal, Quebec, Canada.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 page 114 Official Disability Guidelines (ODG) Neck and Upper Back Section--PT; Lower Back--PT; Shoulder--PT; Knee PT; and Forearm, Hand, Wrist PT.

Decision rationale: The patient was documented to have received six (6) recent additional sessions of physical therapy directed to the neck and upper extremities. There was evidence of functional improvement with the provided physical therapy; however, there was no evidence that the patient could not be integrated into a self-directed home exercise program. There was no evidence that the patient could not perform strengthening and conditioning exercises in a self-directed home exercise program. There was no objective that supported the medical necessity of additional PT over the recommendations of the CA MTUS or over the recommended self-directed home exercise program for the right upper extremity three (3) years after the date of injury. The patient is not documented to have weakness and muscle atrophy. The patient is documented only to have TTP and diminished range of motion (ROM). The patient has received ongoing sessions of PT for the industrial injury and has exceeded the number of sessions and time period for rehabilitation recommended by the CA MTUS. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The CA MTUS recommends up to ten (10) sessions of physical therapy over eight (8) weeks for the rehabilitation of the shoulder subsequent to the diagnosis of sprain/strain or impingement. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program.The patient has exceeded the recommendations of the CA MTUS for treatment of the right shoulder and lower back.The patient has received prior sessions of physical therapy directed to the neck and bilateral upper extremities and should be in a home exercise program (HEP). The subsequent conditioning and strengthening is expected to be accomplished with the self-directed home exercise program. There is no objective evidence provided to support the medical necessity of additional PT over the number recommended by the CA MTUS. The 2x6 sessions of additional PT represents maintenance care and is not demonstrated to be medically necessary.

Electromyography (EMG) Bilateral wrists.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 303; 301; 298; 48; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS

Decision rationale: The request for the authorization of the repeated EMG/NCS of the neck and bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered as repeated electrodiagnostic studies to the bilateral upper extremities without any documented change in clinical status. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the Electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG/NCS screening examination.The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require electrodiagnostic studies. The electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. The patient was documented to of had a prior EMG/NCV which demonstrated severe carpal tunnel syndrome and an ulnar neuropathy. There is no demonstrated medical necessity for additional Electrodiagnostic studies as the prior study indicated severe CTS for which surgery would be recommended and there were no demonstrated clinical changes or neurological progressive deficits on physical examination by the requesting physician.There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The EMG/NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment.There is no medical necessity for the requested Electrod

Nerve conduction velocity (NCV) Bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 303; 301; 298; 48; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS

Decision rationale: The request for the authorization of the repeated EMG/NCS of the neck and bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered as repeated Electrodiagnostic studies to the bilateral upper extremities without any documented change in clinical status. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the Electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG/NCS screening examination.The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require Electrodiagnostic studies. The Electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. The patient was documented to of had a prior EMG/NCV which demonstrated severe carpal tunnel syndrome and an ulnar neuropathy. There is no demonstrated medical necessity for additional Electrodiagnostic studies as the prior study indicated severe CTS for which surgery would be recommended and there were no demonstrated clinical changes or neurological progressive deficits on physical examination by the requesting physician.There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The EMG/NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment.There is no medical necessity for the requested Electrod

Electromyography (EMG) Cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 303; 301; 298; 48; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS

Decision rationale: The request for the authorization of the repeated EMG/NCS of the neck and bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered as repeated Electrodiagnostic studies to the bilateral upper extremities without any documented change in clinical status. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the Electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG/NCS screening examination.The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require Electrodiagnostic studies. The Electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. The patient was documented to of had a prior EMG/NCV which demonstrated severe carpal tunnel syndrome and an ulnar neuropathy. There is no demonstrated medical necessity for additional Electrodiagnostic studies as the prior study indicated severe CTS for which surgery would be recommended and there were no demonstrated clinical changes or neurological progressive deficits on physical examination by the requesting physician.There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The EMG/NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment.There is no medical necessity for the requested Electrod

Nerve conduction velocity (NCV) Cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 261; 303; 301; 298; 48; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS

Decision rationale: The request for the authorization of the repeated EMG/NCS of the neck and bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered as repeated Electrodiagnostic studies to the bilateral upper extremities without any documented change in clinical status. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the Electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG/NCS screening examination.The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require Electrodiagnostic studies. The Electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. The patient was documented to of had a prior EMG/NCV which demonstrated severe carpal tunnel syndrome and an ulnar neuropathy. There is no demonstrated medical necessity for additional Electrodiagnostic studies as the prior study indicated severe CTS for which surgery would be recommended and there were no demonstrated clinical changes or neurological progressive deficits on physical examination by the requesting physician.There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The EMG/NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment.There is no medical necessity for the requested Electrod

Compound cream; Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines topical analgesics anit-inflamatory medications Page(s): 112-13; 22; 67-66. Decision based on Non-MTUS Citation pain chapter 2008 pages 128 Official Disability Guidelines (ODG) Pain chapter--topical analgesics; topical analgesics compounded;

Decision rationale: The prescription for compounded topical cream Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2% is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream.There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams however there is no functional assessment and no quantitative decrease in pain documented.The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topical. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time.The request for the topical NSAID compounded topical cream Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to the neck and UE pain.The use of the topical gels/creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes.There is no demonstrated evidence that the topical are more effective than generic oral medications.The use of compounded topical cream Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both t