

Case Number:	CM13-0002687		
Date Assigned:	12/11/2013	Date of Injury:	05/27/2013
Decision Date:	02/10/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 physician 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:

The patient is a 33-year-old female who sustained a work-related injury on 05/27/2013. The patient's diagnoses include internal derangement of the shoulder, rule out disc herniation, rule out radiculopathy in the left upper extremity, lumbar radiculopathy of the left lower extremity, musculoligamentous injury of the lumbar spine, and severe musculoligamentous injury of the cervical spine. Subjectively, the patient reported complaints of neck, left shoulder, and low back pain. The patient also reported better mobility of the left shoulder as well as shooting pains into the legs. Objective findings revealed decreased range of motion, decreased motor strength, and decreased sensation in the left lower extremity. A request for authorization was made for physical therapy, MRI of the cervical and lumbar spine and left shoulder, and an EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper and lower 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMGs (electromyography) and Nerve conduction studies (NCS).

Decision rationale: Official Disability Guidelines for EMGs state that they are "recommended as an option as they may be useful in obtaining unequivocal evidence of radiculopathy, after 1-month conservative therapy, but are not necessary if radiculopathy is already clinically obvious." Additionally, Official Disability Guidelines further state that 'nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.' While physical exam revealed decreased sensation and motor strength, there was lack of documentation that the patient had exhausted and failed all lower levels of conservative care to warrant an electrodiagnostic study. As such, the request for EMG/NCV of the bilateral upper and lower extremities is non-certified.

MRI of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: ACOEM guidelines state that "routine testing and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." The clinical information submitted for review documented physical examination findings positive only for limited range of motion with subjective reports by the patient of better mobility of the left shoulder. Additionally, there is lack of documentation that the patient has exhausted and failed all lower levels of conservative care. As such, the request for MRI of the left shoulder is non certified.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: ACOEM guidelines state that "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, but when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The physical examination findings submitted for review are suggestive of radiculopathy; however, there is lack of

documentation that all lower levels of conservative care have been attempted and failed. As such, the request for an imaging study is not supported. Therefore, the request of MRI of the lumbar spine is non-certified.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM guidelines state that "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms, or if there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed." Physical examination findings of the cervical spine were positive for tenderness, spasms, and limited range of motion. The clinical provided lacked objective documentation of neurologic dysfunction or failure to progress in a strengthening program. Additionally, there is no documentation to indicate that the patient has attempted and failed all lower levels of conservative care to warrant an imaging study. As such, the request for MRI of the cervical spine is non-certified.

twelve physical therapy visits to the cervical, lumbar, and left shoulder, 2X6: Upheld

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

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

Decision rationale: CA MTUS Guidelines for physical medicine state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort, and that patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The clinical notes provided lack documentation of prior physical therapy notes to determine the patient's progress or compliance. Additionally, there is no indication why the patient cannot utilize a home exercise program for continued functional gains and pain reduction. As such, the request for twelve physical therapy visits to the cervical, lumbar, and left shoulder, 2x6 is non-certified.