

Case Number:	CM13-0011208		
Date Assigned:	03/26/2014	Date of Injury:	04/18/2012
Decision Date:	04/22/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 Occupational 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:

According to the records made available for review, this is a 41-year-old female with a 4/18/12 date of injury. At the time 7/31/13 of the Decision for physiotherapy 3x6 (right shoulder, cervical), electromyography of the right upper extremity, nerve conduction velocity studies of the right upper extremity, x-ray (body part not indicated), medication (name(s) not specified), there is documentation of subjective (continued pain in the right shoulder radiating down the arm) and objective (loss of the cervical lordosis; positive Neer's and O'Brien test of the right shoulder; and decreased right shoulder range of motion) findings, imaging findings (cervical spine and right shoulder x-rays (4/20/12) report revealed a negative examination of the cervical spine and right shoulder), current diagnoses (degenerative changes C4-5 and C5-6, chronic right shoulder pain with possible SLAP lesion, chronic pectoralis major/minor strain of right shoulder, and chronic thoracic spine pain), and treatment to date (acupuncture treatment, at least 20-25 physical therapy visits, cortisone injections, and medications). Regarding physiotherapy 3x6 (right shoulder, cervical), there is no documentation of exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments. Regarding electromyography of the right upper extremity and nerve conduction velocity studies of the right upper extremity, there is no documentation of findings that has not responded to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 3X6 (RIGHT SHOULDER, CERVICAL): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of rotator cuff syndrome not to exceed 10 visits over 8 weeks; and patients with a diagnosis of degeneration of cervical intervertebral disc not to exceed 10-12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available to review, there is documentation of diagnoses of degenerative changes C4-5 and C5-6, chronic right shoulder pain with possible SLAP lesion, chronic pectoralis major/minor strain of right shoulder, and chronic thoracic spine pain. In addition, given documentation of subjective findings (continued pain in the right shoulder radiating down the arm) and objective findings (loss of the cervical lordosis; positive Neer's and O'Brien test of the right shoulder; and decreased right shoulder range of motion), there is documentation of functional deficits and functional goals. Furthermore, given documentation of at least 20-25 physical therapy visits completed to date, which exceeds guidelines, there is no documentation of exceptional factors to justify exceeding guidelines. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments.

ELECTROMYOGRAPHY OF THE RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of

EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of degenerative changes C4-5 and C5-6, chronic right shoulder pain with possible SLAP lesion, chronic pectoralis major/minor strain of right shoulder, and chronic thoracic spine pain. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. However, given documentation of associated requests for physical therapy and medication, there is no documentation of findings that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for electromyography of the right upper extremity is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES OF THE RIGHT UPPER EXTREMITY:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of degenerative changes C4-5 and C5-6, chronic right shoulder pain with possible SLAP lesion, chronic pectoralis major/minor strain of right shoulder, and chronic thoracic spine pain. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. However, given documentation of associated requests for physical therapy and medication, there is no documentation of findings that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction velocity studies of the right upper extremity is not medically necessary.

X-RAY (BODY PART NOT INDICATED): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of cervical spine x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the

efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat imaging. Within the medical information available for review, there is documentation of diagnoses of degenerative changes C4-5 and C5-6, chronic right shoulder pain with possible SLAP lesion, chronic pectoralis major/minor strain of right shoulder, and chronic thoracic spine pain. In addition, there is documentation of 4/20/12 cervical spine and right shoulder x-rays identifying a negative examination of the cervical spine and right shoulder. However, there is no documentation of which specific body part the requested x-ray is intended for and a rationale identifying the medical necessity of the requested x-ray. Therefore, based on guidelines and a review of the evidence, the request for x-ray (body part not indicated) is not medically necessary.

MEDICATION (NAME(S) NOT SPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation MTUS: ACOEM, INITIAL APPROCHES TO TREATMENTS, 47

Decision rationale: MTUS reference to ACOEM guidelines identifies that oral pharmaceuticals are a first-line palliative method; nonprescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms; if treatment response is inadequate (i.e., symptoms and activity limitations continue), physicians should add prescribed pharmaceuticals or physical methods; consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations; and the physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. Medical Treatment Guideline/Medical practice standard of care necessitate/makes it reasonable to require documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated, as criteria necessary to support the medical necessity of medication(s). Within the medical information available for review, there is documentation of diagnoses of degenerative changes C4-5 and C5-6, chronic right shoulder pain with possible SLAP lesion, chronic pectoralis major/minor strain of right shoulder, and chronic thoracic spine pain. However, there is no documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated. Therefore, based on guidelines and a review of the evidence, the request for medication (name(s) not specified) is not medically necessary.