

Case Number:	CM13-0016357		
Date Assigned:	02/28/2014	Date of Injury:	06/17/2013
Decision Date:	05/20/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 55-year-old female who reported an injury on 06/17/2013. Current diagnoses are status post right shoulder arthroscopy with subacromial decompression, cervical spine and trapezius sprain, myofascial pain syndrome, bilateral upper extremity radiculopathy, right elbow/forearm tendinitis, probable cubital tunnel syndrome, and carpal tunnel syndrome. The only documentation submitted for this review is an undated primary treating physician's supplemental medical legal report. A review of medical records was completed. The latest physical examination mentioned in the report was documented on 06/27/2013. Examination of the left shoulder revealed tenderness to palpation over the subacromial region, AC joint, supraspinatus tendon, anterior capsule, posterior muscle, and periscapular muscle. The injured worker also demonstrated positive impingement testing, positive cross-arm testing, diminished range of motion, tenderness over the medial epicondyle and olecranon, positive reverse Cozen's testing and Tinel's testing at the elbow, limited elbow range of motion, slight swelling of the thenar eminence on the left, tenderness over the TFCC and first carpometacarpal joint, positive Tinel's and Phalen's testing, positive Finkelstein's testing, and limited range of motion of the left wrist. X-rays obtained at that time indicated mild osteoarthritic changes in the AC joint. It is noted that the injured worker is pending surgery to the left shoulder. Treatment recommendations at that time included 12 sessions of physical therapy for the left shoulder and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) X-RAY OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 weeks period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the injured worker underwent an x-ray of the left shoulder on 06/27/2013. The medical necessity for a repeat x-ray has not been established. There is no mention of an attempt at conservative treatment for 4 to 6 weeks prior to the request for an x-ray. Based on the clinical information received, the request is not medically necessary and appropriate.

12 PHYSICAL THERAPY SESSIONS FOR THE LEFT SHOULDER AND ELBOW/FOREARM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California MTUS Guidelines state 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant neurological deficit with regard to the left upper extremity. There was also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant neurological deficit with regard to the left upper extremity. There was also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.