

Case Number:	CM13-0021050		
Date Assigned:	11/08/2013	Date of Injury:	12/07/2012
Decision Date:	09/05/2014	UR Denial Date:	08/31/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery 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:

The claimant is a 50-year-old who was injured on December 7, 2012. Records reviewed indicate the claimant was hit by a student on a bicycle, acutely injuring her right knee and right shoulder (humerus). It is noted since time of injury the claimant has undergone 48 documented sessions of physical therapy for the right shoulder and 38 documented sessions of therapy for the right knee as well as six aquatic therapy sessions. Most recent clinical record for review is from 08/09/13 indicating chief complaint of pain about the shoulder and knee. Physical examination of the right shoulder showed full range of motion with 5/5 strength, negative impingement, O'Brien and shift testing. The right knee was with mildly restricted range of motion with flexion, no effusion, negative instability and negative McMurray's testing. Claimant's working diagnosis was status post open reduction internal fixation of prior tibial plateau fracture on the right and status post open reduction internal fixation of right proximal humeral fracture. Recommendations at that time were for twelve additional sessions of physical therapy to both the right knee and the shoulder as well as electrodiagnostic studies of the right upper extremity for further assessment. Review of neurologic evaluation to the upper extremities failed to demonstrate any focal, motor, sensory or reflexive change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and knee, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Section, Physical Medicine, pages 98 - 99.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, continued physical therapy for the claimant's shoulder and knee would not be indicated. Claimant has undergone 40+ sessions of physical therapy as stated. In the acute setting, guidelines would only support the role of nine to ten visits of physical therapy over an eight week period of time for myalgias or myositis. This would be based on active inflammatory process. This individual's current physical examination fails to demonstrate acute findings to the shoulder or knee. At this stage, the claimant should be more than well versed in home exercises. Twelve additional sessions of physical therapy would not be indicated. The request for physical therapy for the right shoulder and knee, twice weekly for six weeks, is not medically necessary or appropriate.

Electromyogram (EMG) 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): 178.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines would not support the role of electrodiagnostic testing to the right upper extremity. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." This individual fails to demonstrate any evidence of acute neurologic finding to the upper extremity that would be indicative of need for electrodiagnostic testing. This specific request in this case would not be supported. Therefore, the request for an EMG of the right upper extremity is not medically necessary or appropriate.

Nerve conduction velocity (NCV) study 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): 178.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines would not support the role of electrodiagnostic testing to the right upper extremity. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." This individual fails to demonstrate any evidence of acute neurologic finding to the upper extremity that would be indicative of need for electrodiagnostic testing. This specific request in this case would not be

supported. Therefore, the request for nerve conduction velocity (ncv) study of the right upper extremity is not medically necessary or appropriate.