MAXIMUS Federal Services

Case Number:	CM13-0034715		
Date Assigned:	01/17/2014	Date of Injury:	05/06/2013
Decision Date:	03/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation 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 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 was injured on 05/06/2013 when he was electrocuted on the left upper extremity and thrown backwards in an explosion, landing on his left side shoulder and back. Treatment history included home exercise program, physical therapy, injection to left shoulder and medications including Naproxen, cyclobenzaprine, diclofenac XL, Nizatidine, and Ultracet. MRI of upper extremity dated 11/29/2012 showed moderate grade partial thickness bursal sided and articular sided tear of the supraspinatus tendon, below to moderate grade partial thickness intrasubstance tear of the infraspinatus tendon, mild acromioclavicular joint degenerative changes, and mild subacromial subdeltoid bursal fluid, nonspecific. EMG and nerve conduction study dated 07/01/2013 revealed normal nerve conduction study in lower extremities, normal EMG. CT of the cervical spine dated 05/06/2013 revealed no evidence of acute cervical spine injury. On 04/21/2011 multiple x-ray views of the right shoulder revealed Type II acromion, severe narrowing in scoliosis and DJD spurring right AC joint. Lumbosacral spine x-rays showed slight narrowing L5-S1 and L4-5 disc spaces. MRI of the lumbar spine on 08/05/2013 revealed a 5 mm L5-S1 spondylolisthesis. There was disc bulge of 2 mm from L1-L4. MRI of the left shoulder dated 08/05/2013 revealed impression of mild rotator cuff tendinosis. There was no rotator cuff tear or labral tear. A clinic note dated 09/24/2013 from [redacted], [redacted] documented the patient describing the pain as moderate to severe. The pain radiates up to the head, neck, arm, elbow, hand, fingers, back, buttocks, hip, leg, knee, ankle, foot and toes. The severity of pain was a 7 on a scale of 1-10. The patient was noted to have decrease in the level of function during activities. On physical exam, he was still tender in the left jaw at the TMJ region. The cervical spine was tender. Left shoulder exam showed positive impingement with subacromial tenderness. The lumbar spine was exquisitely tender on the left side with positive straight leg raising. There was a request for EMG/nerve conduction of the lower extremity.

Recommendation was made for extension of physical therapy two times per week for four weeks being that the MRI did not show any significant findings which may require surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral LE EMG/Nerve conduction study: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back-Lumbar and thoracic (Acute and Chronic), EMGs (Electromyography).

Decision rationale: As per MTUS Guidelines and ODG, EMG and NCS are recommended to identify subtle, focal neurologic dysfunction in patients with lower back symptoms lasting more than three or four weeks. Patient had EMG/NCS of lower extremity on 07/01/2013 that showed normal findings. Patient was seen on 7/31/13 for follow up and there was no evidence of progression or worsening of symptoms. There is no rationale documented by the provider to perform a repeat EMG/NCS. Therefore the request is non-certified

physical therapy 2x a week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back-Lumbar and thoracic (Acute and Chronic), Physical Therapy

Decision rationale: The physical therapy note dated 07/31/2013 showed that he has residual impairments of strength and muscular length with excessive tension/ spasms. Patient ROM was at 60% in side bending and 80% with right rotation. The patient was noted to have improvement in ROM and function with previous physical therapy treatment. The provider has requested extension of physical therapy 2x a week for 4 weeks, As per above referenced guidelines, the maximum number of physical therapy allowed for the diagnosed conditions is 8-10 visits per CA MTUS and 10-12 visits per ODG. As per the documentation submitted, the patient had already 6 sessions of physical therapy, the last therapy session was on 07/31/13. The request for additional 8 sessions exceeds the guidelines recommendation and hence the request is non-certified.