

<b>Case Number:</b>	CM13-0037490		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 50 year-old female with a date of injury of 06/25/2011. The listed diagnosis per [REDACTED] is shoulder pain. According to report dated 08/23/2013 by [REDACTED], the patient presents with continued neck and left shoulder pain. It is noted the patient has completed water therapy as prescribed by [REDACTED]. The patient complains of left posterolateral neck pain that refers to the left superior trapezius muscles areas and down the left arm. She has complaints of periodic numbness and tingling to the left hand and fingers. Examination of the cervical spine showed range of motion is restrictive with pain to the left lateral rotation. On the examination of the paravertebral muscle showed tenderness and tight muscle band on the left side. Spurling's sign, equivocal on the left and negative on the right. There is tenderness noted in the cervical spine and trapezius. Examination of the shoulder reveals healed surgical scars. Movements are restrictive with pain on palpation, and tenderness is noted in the acromioclavicular joint and supraspinatus. MRI dated 11/07/2011 of the cervical spine revealed degenerative disk disease and spondylosis between C2 and C6 causing bilateral narrowing of the C5-C6 neuroforamina. Another MRI of the cervical spine dated 08/21/2006 showed C4-C5 small central disk protrusion. There is no nerve root compression. Mild spondylosis noted at C3-C4 through C5-C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY (8 SESSIONS): Upheld**

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

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

**Decision rationale:** This patient presents with continued neck and shoulder pain. The provider is requesting continuation of aqua therapy sessions. The California MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as in extreme obesity. For duration of treatment, MTUS page 98 and 99 under physical medicine section recommends 9 to 10 sessions for various myalgia and myositis-type symptoms. In this case, the provider does not document any weight-bearing issues and the patient is being treated for the neck and shoulder pain. In addition, report dated 04/26/2013 indicates the patient completed a course of 6 aqua therapy sessions. The treater does not report how the patient responded. The request for additional aqua therapy is not accompanied with any reason for more treatments at this time such as a new injury, aggravation, deterioration of function, etc. Furthermore, the prior six with the additional 8 requested would exceed what is recommended by MTUS. The requested additional 8 sessions are not medically necessary, and recommendation is for denial.

**ELECTROMYOGRAPHY (EMG) OF THE LEFT LOWER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 206.

**Decision rationale:** This patient presents with continued neck and shoulder pain. The provider is requesting an EMG of the left upper extremity. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. In this case, report dated 08/23/2013 indicates the patient continues with "neck pain that radiates down the left arm with periodic numbness and tingling to the left hand and fingers." Review of reports indicates the patient has had these symptoms lasting quite some time and there is no evidence that there are prior studies. Recommendation is for approval.

**NERVE CONDUCTION STUDY (NCS) OF THE LEFT LOWER EXTREMITY:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 206.

**Decision rationale:** This patient presents with continued neck and shoulder pain. The treater is requesting an NCV studies of the left upper extremity. ACOEM Guidelines page 206 states that

electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. In this case, report dated 08/23/2013 indicates the patient continues with "neck pain that radiates down the left arm with periodic numbness and tingling to the left hand and fingers." Review of reports indicates the patient has had this symptoms lasting quite some time and there is no evidence that there are prior studies. Recommendation is for approval.

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 172.

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

**Decision rationale:** This patient presents with continued neck and shoulder pain. The treater is requesting an MRI of the cervical spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: "Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ACOEM Guidelines may be more appropriately applied for acute and subacute cases. For chronic condition, ODG Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. In addition, the patient already had 2 MRIs from 2007 and 2011 and is unclear what further information can be obtained with another set of imaging studies. Repeat MRI's are not indicated unless there is a new injury, progressive neurologic deficit or surgery is anticipated. Recommendation is for denial.