MAXIMUS Federal Services

Case Number:	CM13-0039016		
Date Assigned:	07/21/2014	Date of Injury:	01/10/2010
Decision Date:	12/19/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	10/02/2013

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 Emergency 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:

This patient has a reported date of injury of 1/10/2010. Patient has a diagnosis of Left upper extremity reflex sympathetic dystrophy/CRPS (complex regional pain syndrome), Left lateral epicondylitis and Lumbar sprain/strain. Patient had unspecified Right shoulder surgery on 8/28/10 and 2 prior stellate ganglion blocks. Medical reports reviewed. Last report available was until 8/20/13. Patient complains of Left upper extremity pain and low back pain. Pain is 8/10. Has numbness, tingling, swelling, temperature changes in Left upper extremity. Patient was stable until exacerbation of pain on 7/28/13. Objective exam is "unchanged", mild hand, finger and pectoral edema. Color of the skin is ashy compared to opposite limb with guarding of limb and Hyperalgesia. Report states that patient was scheduled for a ganglion block.Physical therapy was requested because it was the "gold standard treatment for this disorder". Review of records show over 24 prior PT sessions has already been done by the patient.Letter dated 8/27/14 documents statement that NCV was requested as an update from prior NCV from 2years prior due to worsening symptoms. No imaging or electrodiagnostic reports were provided.Medications include Cymbalta, Flexeril, Neurontin, Norco and Prilosec.Independent Medical Review is for Physical Therapy 2 per week for 6 weeks (12 total); Electromyography of Left upper extremity and Nerve Conduction Velocity study of Left upper extremity.Prior UR on 8/27/13 recommended non-certification. It approved office visit, Cymbalta, ibuprofen, omeprazole and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: 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): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented 24 prior PT sessions. The provider has failed to document any improvement from prior sessions or rationale as to why additional PT sessions are necessary and why home directed therapy and exercise cannot be done. Additional physical therapy is not medically necessary.

Electromyography left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam are consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Patient has not had any documented changes in neurological exam or complaints. There is no rationale about why testing is requested for a chronic condition. Patient has no neurological dysfunction or weakness or sensory changes documented. Provider documented "worsening symptoms" but no appropriate conservative therapy has been attempted as of yet such as home directed physical therapy. EMG of left upper extremity is not medically necessary.

Nerve conduction velocity studies for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies are not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There are only vague complaints of numbness but no appropriate documentation of a neurological exam or any documentation of any new findings. Rationale to "update" a prior study is not valid without proper documentation. An NCV for Left upper extremity is not medically necessary.