

Case Number:	CM13-0040685		
Date Assigned:	12/20/2013	Date of Injury:	07/26/2013
Decision Date:	02/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation and is licensed to practice in Texas. 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 is a 43-year-old female who reported a work related injury on 07/26/2013 due to pain in her neck, upper and lower back, shoulders, and wrists. The patient also reportedly developed symptoms of depression, problems sleeping, and sexual dysfunction. Physical exam revealed the patient complained of moderate headaches associated with hearing problems and increased pain with flexion and extension of the head and neck. Examination revealed tenderness, spasm, and limited range of motion to the cervical spine and lumbar spine. Positive straight leg raising was noted on the right. Positive Tinel's and Phalen's test bilaterally were noted for the wrist and there was decreased motor strength of the shoulders and wrists. A request has been made for physical therapy 2 times 6 and EMG/NCS of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Physical Medicine.

Decision rationale: The request for physical therapy does not indicate which injured areas are being prescribed for the patient. California MTUS Guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. Guidelines further recommend 6 visits of physical therapy for a clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. It is unclear per submitted documentation if the patient has undergone physical therapy treatments and how many visits she has had to this date for her work related injury. Therefore, the decision for therapy 2 times 6 PT is not certified.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The clinical documentation dated 09/18/2013 indicated that EMG/NCV studies of the upper extremities were ordered for the patient. Examination of the patient's wrists revealed tenderness and positive Tinel's and Phalen's tests bilaterally and the patient's left biceps, triceps, and brachioradialis reflexes were decreased, and motor strength of the shoulders and wrists were decreased. California Medical Treatment Guidelines indicate that electromyography and nerve conduction studies may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Guidelines further state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve their symptoms. The patient was not noted to have failed conservative care to include physical therapy, home exercises, NSAIDs, and muscle relaxants before EMG/NCV was ordered for the patient. Electrodiagnostic studies of the patient dated 10/16/2013 revealed normal findings. Given the above, the decision for EMG/NCS of the bilateral upper extremities is non-certified.