

<b>Case Number:</b>	CM13-0048059		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 56 year-old patient sustained an injury on 4/29/2002 while employed by [REDACTED]. Request(s) under consideration include One Electromyography Of The Upper Extremities, One Electromyography Of The Lower Extremities, Twelve Physical Therapy Sessions, And One Orthopedic Consultation . Report of 8/20/13 from the provider noted bilateral shoulder, upper hand/wrist, and upper/lower back pain. Exam showed neck with diffuse tenderness, negative head compression, diffuse tender lumbar; negative SLR, DTRs 2+ symmetrical; negative Tinel's and Phalen's; diffuse right shoulder tenderness. Diagnoses were Cervical spine strain; lumbar spine strain; and right shoulder internal derangement. Treatment included physical therapy, electrodiagnostics of upper and lower extremity. Report of 9/24/13 from the provider noted the patient with ongoing chronic neck, lower back, and right shoulder pain. Exam showed intact sensation of the lumbar spine and bilateral lower extremities. Diagnoses included Cervical spine strain; Right shoulder internal derangement; and Lumbar spine strain. The patient had previous EMG of the upper extremities dated 7/22/02 with normal study. Recent physical therapy of 10 sessions were certified on 8/29/13. It appears the provider is himself an fellowship trained orthopedist and it is unclear of the indication to refer to another orthopedist at this time. Orthopedic AME Re-evaluation report of 10/14/13 noted ongoing cervical spine, shoulders, and lumbar spine complaints. Exam of the upper extremities showed 4/5 motor testing in right shoulder; otherwise 5/5 in all other upper extremity motor groups with intact DTRs and sensation; Bilateral shoulders without tenderness, negative impingement signs, negative instability with normal range of motions; lumbar spine with 5/5 motor strength in all lower extremity motor groups with intact DTRs and sensation throughout. It was noted the patient remains permanent and stationary as stated on report of 4/10/07. Request(s) for One Electromyography Of The Upper Extremities, One Electromyography Of The Lower

Extremities, Twelve Physical Therapy Sessions, And One Orthopedic Consultation were non-certified on 10/8/13 citing guidelines criteria and lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE ELECTROMYOGRAPHY OF THE UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guideline, Neck and Upper Back (Acute & Chronic), Electrodiagnostic Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 177-178, Postsurgical Treatment Guidelines.

**Decision rationale:** According to the MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient without any report of new injury, acute flare-up, or red-flag conditions. Orthopedic AME re-evaluation has no new findings of acute new injuries with intact neurological exam of the neck and upper extremities. The request for One Electromyography Of The Upper Extremities is not medically necessary and appropriate.

#### **ONE ELECTROMYOGRAPHY OF THE LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient without any report of new injury, acute flare-up, or red-flag conditions. Orthopedic AME re-evaluation has no new findings of acute new injuries with intact neurological exam of the lumbar spine and lower extremities. The request for One Electromyography Of The Lower Extremities is not medically necessary and appropriate.

## **TWELVE PHYSICAL THERAPY SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) and Neck & Upper Back (Acute & Chronic), Physical Therapy Guidelines.

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

**Decision rationale:** The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints, intact clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of additional physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury. Recent physical therapy of 10 sessions were certified on 8/29/13 without evidence of functional improvement from treatment rendered. The request for Twelve Physical Therapy Sessions is not medically necessary and appropriate.

## **ONE ORTHOPEDIC CONSULTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This 56 year-old patient sustained an injury on 4/29/2002 while employed by Sunkist Growers. Report of 8/20/13 from the provider noted bilateral shoulder, upper hand/wrist, and upper/lower back pain. Exam showed neck with diffuse tenderness, negative head compression, diffuse tender lumbar; negative SLR, DTRs 2+ symmetrical; negative Tinel's and Phalen's; diffuse right shoulder tenderness. Diagnoses were Cervical spine strain; lumbar spine strain; and right shoulder internal derangement. Treatment included physical therapy, electrodiagnostics of upper and lower extremity. Report of 9/24/13 from the provider noted the patient with ongoing chronic neck, lower back, and right shoulder pain. Exam showed intact sensation of the lumbar spine and bilateral lower extremities. Diagnoses included Cervical spine strain; Right shoulder internal derangement; and Lumbar spine strain. The patient had previous EMG of the upper extremities dated 7/22/02 with normal study. Orthopedic AME Re-

evaluation report of 10/14/13 noted ongoing cervical spine, shoulders, and lumbar spine complaints. Exam of the upper extremities showed 4/5 motor testing in right shoulder; otherwise 5/5 in all other upper extremity motor groups with intact DTRs and sensation; Bilateral shoulders without tenderness, negative impingement signs, negative instability with normal range of motions; lumbar spine with 5/5 motor strength in all lower extremity motor groups with intact DTRs and sensation throughout. It was noted the patient remains permanent and stationary as stated on report of 4/10/07. The patient was made P&S with future medical per orthopedic AME. Re-evaluation by AME noted shoulder exam with normal range without instability or impingement sign. Exam of the lumbar spine is without any red-flag conditions or neurological compromise. Submitted reports have not demonstrated any acute clinical change in surgical lesion or indication for surgical consult when the patient is under the care of a fellowship trained orthopedist, not requiring another orthopedic consultation. Examination has no specific neurological deficits to render surgical treatment nor is there any updated diagnostic study with significant change in emergent surgical lesion or failed conservative care failure. The One Orthopedic Consultation is not medically necessary and appropriate.