MAXIMUS Federal Services

Case Number:	CM13-0050631		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2009
Decision Date:	03/18/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 56-year-old female who reported an injury on 01/29/2009. The mechanism of injury was not specifically stated. There was no documentation of a physician progress report by [redacted] on the requesting date of 11/04/2013. The patient was recently seen by [redacted] on 10/03/2013. The patient reported pain, swelling, locking, and buckling to the left knee as well as pain to the upper extremity. Physical examination revealed positive tenderness to palpation with decreased sensation in the L5 through S1 dermatomes on the left, no change in the physical examination to the left knee, and no physical examination of the upper extremity. It was noted that all medical records were needed to determine appropriate treatment plan thereafter. The patient was given a prescription for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that electromyography, and nerve conduction velocities, may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. According to the documentation submitted, there is no physical examination with regard to bilateral upper extremities or the cervical spine. It is noted that the employee has undergone bilateral upper extremity electrodiagnostic studies 2 years prior. Documentation of a progression or worsening of symptoms or physical examination findings was not provided. Therefore, the medical necessity of a repeat electrodiagnostic study has not been established. As such, the request for EMG/NCV bilateral upper extremities is non-certified.

Physical Therapy 2 x 4 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. There is no documentation of a physical examination of the cervical spine. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. The employee's injury was greater than 4 years ago to date, and there is no evidence of a previous course of physical therapy. Based on the clinical information received, the request for Physical therapy 2 x 4 for cervical spine is non-certified.

Physical Therapy 2 x 4 for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Section Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: The MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines indicate that physical medicine treatment for impingement syndrome includes 10 visits over 8 weeks. There was no documentation of a physical examination with regard to bilateral upper extremities. Therefore, there is no evidence of a significant neurological or musculoskeletal deficit. Based on the lack of clinical information submitted for review, the request for Physical therapy 2 x 4 for left shoulder is non-certified.