

<b>Case Number:</b>	CM13-0054848		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Occupational 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is represented [REDACTED] employee who has filed a claim for shoulder pain and posttraumatic stress disorder (PTSD) reportedly associated with an industrial injury of August 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 12 sessions of physical therapy to date, per the claims administrator; and work restrictions. In a utilization review report of November 12, 2013, the claims administrator denied a request for physical therapy citing non-MTUS ODG Guidelines. Electrodiagnostic testing was also denied, citing Chapter 8 ACOEM Guidelines. The applicant subsequently appealed. In a clinical progress note of October 18, 2013, the applicant apparently presents following a motor vehicle accident. He has had derivative psychological issues. The applicant acknowledges that there is some psychological overlay. There is neck and shoulder pain evident here. There is no numbness and tingling about the hand. The applicant exhibits 5-/5 left upper extremity strength with diminished shoulder range of motion with flexion and abduction in the 90- to 100-degree range. Additional physical therapy and electrodiagnostic testing are sought. The clinical progress note does contain numerous blanks, is somewhat choppy, and is difficult to follow. It is stated that the applicant has intact sensorium about the C6, C7, and C8 dermatomes with 5-/5 left upper extremity strength and tenderness about the AC joint. A later note of November 1, 2013 is notable for comments that the applicant reports persistent shoulder pain and neck pain. There is pain about the left hand fifth digit with numbness and tingling about the hand. 5-/5 left upper extremity strength is noted with abduction and flexion limited to 90 to 100 degrees. A negative Spurling maneuver is noted with intact

sensorium and reflexes. Electrodiagnostic testing is sought to rule out any peripheral nerve impingement following the applicant's fall. Additional physical therapy is also sought.

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

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

**Physical Therapy two(2) times a week for three(3) weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy Topic, Adhesive Capsulitis Section

**Decision rationale:** The MTUS Guidelines in ACOEM Chapter 9 does not address the topic of physical therapy duration. The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the utilization review report on November 12, 2013. The ODG Shoulder Chapter Physical Therapy Topic does support a general course of 16 sessions of treatment for adhesive capsulitis, the diagnosis seemingly present here. In this case, the applicant had completed 12 prior sessions of treatment to date. The attending provider was seemingly intent on pursuing further nonoperative treatment. Additional physical therapy on the order of that purposed is indicated, although this would result in a general course of treatment slightly in excess of ODG parameters. Nevertheless, the applicant's ongoing neck complaints, limitation of shoulder range of motion on the order of that stated above, and psychological comorbidities all, taken together, do make a compelling case for additional treatment slightly in excess of the guideline, particularly in light of the fact that the applicant has demonstrated some functional improvement to date as evinced by his return to modified work.

**Electromyography(EMG):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and NCV testing can help identify subtle focal neurologic dysfunction in applicants with neck or arm symptoms, which persists greater than three to four weeks. In this case, the applicant has longstanding neck and arm symptoms. There is some suspicion of peripheral nerve impingement versus cervical radiculopathy voiced by the attending provider. It is unclear whether the applicant's symptoms are emanating from the hand, the neck, or the shoulder. Electrodiagnostic testing to help clarify the source of the applicant's symptoms is indicated and

appropriate, as suggested by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified.

**Nerve Conduction Velocity (NCV): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Again, as with the EMG portion of the request, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and/or NCV testing are recommended to help identify subtle, focal neurological dysfunction in those applicants with persistent neck or arm complaints, which last greater than three to four weeks. In this case, the applicant's neck and arm complaints are longstanding. There is some suspicion of peripheral neuropathy versus cervical radiculopathy voiced here. NCV testing to help clearly identify the source of applicant's complaints is indicated and appropriate. Therefore, the request is certified.