

Case Number:	CM13-0063270		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2012
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/09/2013

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 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:

This 41 year-old female sustained a fall injury on 11/19/12 while employed by [REDACTED]. Requests under consideration include EMG of the bilateral upper extremities, physical therapy twice a week for five weeks for the cervical spine. Report of 10/24/13 from [REDACTED] was hand-written and illegible. It noted patient having a rash under the right armpit which was noticed 10 days ago; this could possibly be due to allergy. Ibuprofen causes GI upset and she stopped taking it. There is an attachment with checked boxes indicating complaints of neck, upper back, shoulder, elbow, wrist, hand pain. Diagnoses included cervical spine strain; thoracic strain; right shoulder strain; right elbow/forearm strain; and right wrist strain. Patient remained off work for another 6 weeks. Besides the above, treatment also included referral for sleep, and psyche. Requests above were non-certified on 11/7/13 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:

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Chronic Pain Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 258-260.

Decision rationale: The Physician Reviewer's decision rationale: This 41 year-old female sustained a fall injury on 11/19/12 while employed by [REDACTED]. Requests under consideration include EMG of the bilateral upper extremities, physical therapy twice a week for five weeks for the cervical spine. Report of 10/24/13 from [REDACTED] was hand-written and illegible. It noted patient having a rash under the right armpit which was noticed 10 days ago; this could possibly be due to allergy. Ibuprofen causes GI upset and she stopped taking it. There is an attachment with checked boxes indicating complaints of neck, upper back, shoulder, elbow, wrist, hand pain. Diagnoses included cervical spine strain; thoracic strain; right shoulder strain; right elbow/forearm strain; and right wrist strain. Patient remained off work for another 6 weeks. Besides the above, treatment also included referral for sleep, and psyche. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, 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. The EMG of the bilateral upper extremities is not medically necessary and appropriate.

Physical therapy twice a week for five weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: This 41 year-old female sustained a fall injury on 11/19/12 while employed by [REDACTED]. Requests under consideration include EMG of the bilateral upper extremities, physical therapy twice a week for five weeks for the cervical spine. Report of 10/24/13 from [REDACTED] was hand-written and illegible. It noted patient having a rash under the right armpit which was noticed 10 days ago; this could possibly be due to allergy. Ibuprofen causes GI upset and she stopped taking it. There is an attachment with checked boxes indicating complaints of neck, upper back, shoulder, elbow, wrist, hand pain. Diagnoses included cervical spine strain; thoracic strain; right shoulder strain; right elbow/forearm strain; and right wrist strain. Patient remained off work for another 6 weeks. Besides the above, treatment also included referral for sleep, and psyche. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. 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 is unchanged chronic symptom complaints, 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 Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The physical

therapy twice a week for five weeks for the cervical spine is not medically necessary and appropriate.