

Case Number:	CM13-0071449		
Date Assigned:	01/08/2014	Date of Injury:	05/31/2012
Decision Date:	06/02/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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 Illinois. 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:

The injured worker is a 43 year old female with a reported injury on 05/31/2012. The injured worker's mechanism of injury is recorded as a fall. According to the clinical note dated 12/04/2013, the injured worker complained of cervical spine, left shoulder and arm pain. Per physical examination of the lumbosacral spine, range of motion mild decreased in L5 with flexion due to pain. Left upper extremity is noted with decreased range of motion throughout, and with moderate tenderness with light touch of the shoulder and elbow. A positive impingement test of the left shoulder, negative straight leg raise. The injured worker's diagnoses included chronic pain syndrome, left rotator cuff syndrome, sprain to thoracic region, sprain to lumbar region, myalgia and myositis. The request for authorization was submitted on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

Decision rationale: According to the MTUS/ACOEM Guidelines electromyography studies are not recommended as part of a shoulder evaluation for usual diagnoses. In this case, there is a lack of clinical evidence indicating specific nerve root level or peripheral nerve injury to indicate electromyography (EMG). Therefore, the request for electromyography (EMG) of the left upper extremity is not medically necessary and appropriate.

NCS OF THE LEFT UPPER EXTREMITY: Upheld

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 9 Shoulder Complaints Page(s): 211-214.

Decision rationale: The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 211-214.

PHYSICAL THERAPY TIMES 12 FOR THE LOW BACK: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the clinical documentation it is noted that the injured worker has had physical therapy. There is a lack of clinical documentation in regards to the amount of sessions of physical therapy, and the effectiveness of that therapy. Furthermore, without the amount of physical therapy already received, the determination for additional therapy can not be made. Therefore, the request for physical therapy, quantity 12 for the low back is not medically necessary and appropriate.