

Case Number:	CM14-0009076		
Date Assigned:	07/02/2014	Date of Injury:	11/20/2012
Decision Date:	08/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	01/23/2014

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 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 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 57 year old male patient sustained an injury secondary to falling down a stairway on 11/20/12. He was diagnosed with a left clavicle fracture and shoulder strain. Due to continuing radiating pain and numbness electrodiagnostic studies were performed which were consistent with a brachial plexus injury and negative for a radiculopathy. A shoulder MRI showed rotator cuff tendonitis with insertional fraying. He has received 47 sessions of physical therapy with improvement in shoulder strength and range of motion (ROM). The ability to continue with a home exercise program is documented. Prior treating physicians documented a resumption of strength and normal range of motion. The new treating physician's evaluation documented full cervical range of motion without pain. No Spurling's test for pain or palpation was performed. Also the new treating physician documented near normal shoulder range of motion with mildly positive impingement signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4 TO LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PHYSICAL THERAPY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

Decision rationale: MTUS Guidelines recommend a course of therapy adequate to instruct a patient in self-management with appropriate home exercises, but an actual number of reasonable sessions are not listed. Official Disability Guidelines (ODG) provide additional details and recommend up to 20 sessions of therapy for a partially torn rotator cuff and up to 14 sessions if the primary diagnosis is brachial plexus injury. A total of 47 sessions of physical therapy have been provided and are well documented. The physical therapist did not ask for additional therapy and noted no specific deficits that needed hands on therapy to manage. There are no unusual circumstances that support an exception to guidelines. The request for additional shoulder therapy is not medically necessary.

ACUPUNCTURE 2 X 4 TO CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines state that acupuncture can be trialed as an adjunct to medications or physical therapy for a particular problem. The acupuncture is requested for the cervical spine, but no diagnosis is established in this regard. The cervical range of motion is normal without pain. No spasm is reported and common exam findings i.e. Spurling's test for radiculopathy are not performed. Prior Electrodiagnostic was negative for a radiculopathy. The medical necessity for acupuncture is not established, it is not medically necessary.

NERVE CONDUCTION VELOCITY BILATERAL UPPER EXTREMITIES AND CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NO CITATION NOTED.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Electrodiagnostic Testing for Thoracic Outlet Syndrome.

Decision rationale: MTUS Guidelines recommend the use of electrodiagnostic (nerve conduction plus electromyography (EMG) studies if a nervous system lesion is suspected. Official Disability Guidelines (ODG) provide additional specificity regarding electrodiagnostic testing for Thoracic Outlet Syndrome (which affects the brachial plexus) and would necessitate similar testing as a traumatic brachial plexus injury. Guidelines recommended both nerve conduction and electromyography (EMG) studies bilaterally so subtle differences between the affected and unaffected side can be made. The continued symptoms of weakness and numbness

support the request for updated testing. The request for electrodiagnostic testing bilaterally is medically necessary.

ELECTROMYOGRAPHY BILATERAL UPPER EXTREMITIES AND CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NO CITATION NOTED.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Electrodiagnostic Testing for Thoracic Outlet Syndrome.

Decision rationale: MTUS Guidelines recommend the use of electrodiagnostic (nerve conduction plus electromyography (EMG) studies if a nervous system lesion is suspected. Official Disability Guidelines (ODG) provide additional specificity regarding electrodiagnostic testing for Thoracic Outlet Syndrome (which affects the brachial plexus) and would necessitate similar testing as a traumatic brachial plexus injury. Guidelines recommended both nerve conduction and electromyography (EMG) studies bilaterally so subtle differences between the affected and unaffected side can be made. The continued numbness and tingling supports the request for updated testing. The request for electrodiagnostic testing bilaterally is medically necessary.