

Case Number:	CM14-0105231		
Date Assigned:	09/03/2014	Date of Injury:	01/27/2014
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 who reported an injury on 01/27/2014. The mechanism of injury was not provided. On 04/30/2014, the injured worker presented with complaints of pain radiating from the dorsum to the right arm into the neck and right shoulder girdle with repetitive activities as well as prolonged static posturing. Examination of the right shoulder revealed pain free range of motion and a negative impingement sign. There was tenderness over the right dorsal forearm at the posterior interosseous nerve level. There was intact sensation to light touch and pinprick and symmetrical deep tendon reflexes. The diagnoses were rule out radial tunnel syndrome, right upper extremity overuse, and possible early thoracic outlet syndrome. Prior therapy included medications. The provider recommended neurodiagnostic studies for the right upper extremity and additional physical therapy 3 times a week for 4 weeks for the right upper extremity pain. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURODIAGNOSTIC STUDIES OF RIGHT UPPER EXTREMITY (RETRO 5/27/14):

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 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The request for NEURODIAGNOSTIC STUDIES OF RIGHT UPPER EXTREMITY (RETRO 5/27/14) is not medically necessary. The California MTUS/ACOEM Guidelines state that EMG nerve conduction velocities, including H reflexes, may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms lasting more than 3 to 4 weeks. There was a lack of documentation to suggest any subtle focal neurologic dysfunction. Additionally, there is a lack of documentation that the injured worker underwent conservative treatment of at least 3 to 4 weeks. As such, medical necessity has not been established.

ADDITIONAL PT 3 X 4 (FOR RIGHT UPPER EXTREMITY PAIN): Upheld

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

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

Decision rationale: The request for ADDITIONAL PT 3 X 4 (FOR RIGHT UPPER EXTREMITY PAIN) is not medically necessary. California MTUS Guidelines state 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 10 visits over 4 weeks. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.