

Case Number:	CM14-0105246		
Date Assigned:	08/01/2014	Date of Injury:	05/16/2014
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
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 and is licensed to practice in Texas. 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 40 year old female who reported injuries to several areas. The utilization review dated 05/16/14 indicates the injured worker had been struck by a box of office supplies which had fallen approximately 2-3 feet. The injured worker had subsequent complaints of neck pain radiating to the upper back. The injured worker also reported upper back pain as well as low back pain. There is an indication the injured worker has a positive Tinel's sign at both elbows. The request for an EMG (Electromyography) of the bilateral upper extremities resulted in a denial as no information had been submitted regarding the completion of all conservative treatments. The request for an EMG study of the bilateral lower extremities resulted in a non-certification as no information had been submitted regarding the injured worker's response to previously rendered physical therapy. The request for continued physical therapy resulted in a partial certification for 6 additional sessions. The request for digital range of motion, digital electronic muscle strength testing, digital electronic grip strength testing, and computerized sensory testing all resulted in denials as these tests are not supported by high quality studies. Additionally, these tests should be part of the general workup during an office visit. The request for an Epworth sleep disorder test resulted in a denial as no information had been submitted regarding the injured worker's ongoing sleep hygiene issues. Additionally, no information had been submitted regarding the injured worker's management of the sleep hygiene complaints. The request for a consultation with a neurologist resulted in a denial as no information had been submitted regarding the injured worker's ongoing symptomology related to complaints of headaches. The request for an internal medicine specialist for complaints of shortness of breath resulted in a denial as no significant functional deficits were identified in the submitted documentation confirming the injured worker's endurance issues. The request for a pain

management consultation resulted in a denial as there was no indication of the injured worker having failed to respond to prior conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Neck & Upper Back Procedure Summary last updated 04/14/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker continuing with ongoing physical therapy. No information was submitted regarding the injured worker's neurologic deficits following a full course of conservative therapy. Therefore, this request of Electromyography (EMG) of the bilateral upper extremities is not medically necessary and appropriate.

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 03/31/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker continuing with ongoing physical therapy. No information was submitted regarding the injured worker's neurologic deficits following a full course of conservative therapy. Therefore, this request of Electromyography (EMG) of the bilateral lower extremities is not medically necessary and appropriate.

Physiotherapy (cervical, thoracic, lumbar, bilateral wrists/hands) (two (2) times six (6)): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)-- Neck & Upper Back Procedure Summary last updated 04/14/2014, Forearm, Wrist, & Hand Procedure Summary last updated 02/18/2014, Low Back Procedure Summary last updated 05/12/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine.

Decision rationale: The documentation indicates the injured worker having previously been partially approved for a total of 6 physical therapy sessions. No information was submitted regarding the injured worker's objective functional improvement following the course of treatment. Therefore, the request Physiotherapy (cervical, thoracic, lumbar, bilateral wrists/hands) (two (2) times six (6)) is not medically necessary and appropriate.

Digital range of motion testing (cervical, thoracic, lumbar, bilateral wrists/hands): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Analysis of spine motion variability using a computerized goniometer compared to physical examination. A prospective clinical study. Dopf CA, Mandel SS, Geiger DF, Mayer PJ, Spine. 1995 Jan 15;20(2):252-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, {Page 503.

Decision rationale: Range of motion, strength, and sensation testing should all be part of a general workup during any traditional office visit. No information was submitted regarding the need for computerized testing. Therefore, the request of Digital range of motion testing (cervical, thoracic, lumbar, bilateral wrists/hands) is not medically necessary and appropriate.

Digital electronic muscle strength testing (upper and lower extremities): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Comprehensive Muscular Activity Profile (CMAP): its high sensitivity, specificity and overall classification rate for detecting submaximal effort on functional capacity testing. Gatchel RJ, Ricard MD, Choksi DN, Mayank J, Howard K, J Occup Rehabil. 2009 Mar;19(1):49-55. Epub 2008 Nov 15. Abstract.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, {Page 503.

Decision rationale: Range of motion, strength, and sensation testing should all be part of a general workup during any traditional office visit. No information was submitted regarding the need for computerized testing. Therefore, the request of Digital electronic muscle strength testing (upper and lower extremities) is not medically necessary and appropriate.

Digital electronic grip strength testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Comprehensive Muscular Activity Profile (CMAP): its high sensitivity, specificity and overall classification rate for detecting submaximal effort on functional capacity testing. Gatchel RJ, Ricard MD, Choksi DN, Mayank J, Howard K, J Occup Rehabil. 2009 Mar;19(1):49-55. Epub 2008 Nov 15. Abstract.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, {Page 503.

Decision rationale: Range of motion, strength, and sensation testing should all be part of a general workup during any traditional office visit. No information was submitted regarding the need for computerized testing. Therefore, the request of Digital electronic grip strength testing is not medically necessary and appropriate.

Computerized sensory testing (upper and lower extremities): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Comprehensive Muscular Activity Profile (CMAP): its high sensitivity, specificity and overall classification rate for detecting submaximal effort on functional capacity testing. Gatchel RJ, Ricard MD, Choksi DN, Mayank J, Howard K, J Occup Rehabil. 2009 Mar;19(1):49-55. Epub 2008 Nov 15. Abstract.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, {Page 503.

Decision rationale: Range of motion, strength, and sensation testing should all be part of a general workup during any traditional office visit. No information was submitted regarding the need for computerized testing. Therefore, the request of computerized sensory testing (upper and lower extremities) is not medically necessary and appropriate.

Epworth sleepiness testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 05/15/2014 Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

Decision rationale: A polysomnography exam is indicated for injured workers who have continued symptomology for greater than 6 months as well as a deterioration of the injured worker's mental status. No information was submitted regarding the injured worker's ongoing issues with sleep hygiene. No information was submitted regarding the injured worker's ongoing

insomnia. Given these factors, the request of Epworth sleepiness testing is not medically necessary and appropriate.

Consultation with a neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, {Page 503.

Decision rationale: No information was submitted regarding the injured worker's ongoing complaints of headaches of greater than 15 days a month. No information was submitted regarding the injured worker's functional deficits associated with the ongoing headaches. Therefore, the request of Consultation with a neurologist is not medically necessary and appropriate.

Consultation with an internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, {Page 503.

Decision rationale: The request for a consultation with an internal medicine specialist for shortness of breath is non-certified. No information was submitted regarding the injured worker's functional deficits associated with the complaints of shortness of breath. Additionally, no information was submitted regarding the injured worker's symptomology associated with the shortness of breath complaints. Therefore, this request of Consultation with an internal medicine specialist is not medically necessary and appropriate.

Consultation with a pain medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, {Page 503.

Decision rationale: The documentation indicates the injured worker having complaints of ongoing pain at several sites. However, no objective data was submitted confirming the injured

worker's functional deficits associated with the pain complaints. Therefore, this request of Consultation with a pain medicine specialist is not medically necessary and appropriate.