

Case Number:	CM14-0011004		
Date Assigned:	02/21/2014	Date of Injury:	10/27/2011
Decision Date:	07/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 55-year-old female who has submitted a claim for thoracic outlet syndrome, carpal tunnel syndrome, neck sprain/strain, shoulder impingement, and cervical radiculopathy associated with an industrial injury date of October 27, 2011. Medical records from 2012 to 2014 were reviewed. The patient complained of chronic shoulder pain with radiation to the right shoulder. Pain was described as tingling, burning, dull, aching, and throbbing. Physical examination showed restriction of range of motion at cervical spine and upper extremities; decreased light touch sensation over the right upper extremity. Electrodiagnostic study from June 18, 2013 showed right C6 radiculopathy, moderate demyelinating median neuropathy at bilateral wrists. Treatment to date has included Non-steroidal anti-inflammatory drug (NSAIDs), opioids, anticonvulsants, topical analgesics, acupuncture, physical therapy, home exercise programs, and H-wave. Utilization review from December 27, 2013 denied the request for Electromyography (EMG) and Nerve Conduction Velocity Test (NCV) of bilateral upper extremities due to lack of significant changes in the patient's condition. The request for aquatic therapy initial evaluation 2x6 was modified to aquatic therapy for 8 sessions to be used for trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines, Electromyography (EMG) is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of persistent radiculopathy. Recent progress notes reported chronic shoulder pain with radiation to the right shoulder. The patient has focal neurologic deficit. However, an electrodiagnostic study from June 18, 2013 showed right C6 radiculopathy, moderate demyelinating median neuropathy at bilateral wrists. Magnetic resonance imaging (MRI) of the cervical spine done last August 20, 2013 showed central canal narrowing and bilateral neural foraminal narrowing at C5-C6. In addition, recent progress notes do not show significant changes in the patient's condition that would warrant a repeat electrodiagnostic study. Therefore, the request for electromyography (EMG) bilateral upper extremities is not medically necessary.

NERVE CONDUCTION STUDY (NCS) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Chapter, Nerve Conduction Studies (NCS) 2014.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of persistent radiculopathy. Recent progress notes reported chronic shoulder pain with radiation to the right shoulder. An electrodiagnostic study from June 18, 2013 showed right C6 radiculopathy, moderate demyelinating median neuropathy at bilateral wrists. In addition, the patient's symptoms and physical examination findings strongly suggest the presence of radiculopathy. Furthermore, recent progress notes do not show significant changes in the patient's condition that would warrant a repeat electrodiagnostic study. Therefore, the request for nerve conduction study (NCS) bilateral upper extremities is not medically necessary.

AQUA THERAPY INITIAL EVALUATION, TWO TIMES A WEEK FOR SIX WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical Therapy 2014.

Decision rationale: Page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. ODG recommends 10 physical therapy visits over 8 weeks in cases of neck sprain/strain and shoulder impingement. In this case, the patient's BMI is 35.96 kg/m². The patient was noted to have finished 1 session of physical therapy and reported benefit from it. However, the request is for 12 physical therapy visits; guidelines recommend 10 physical therapy visits for cases of neck sprain/strain or shoulder impingement. In addition, the request did not specify body part to be treated. Therefore, the request for aqua therapy initial evaluation, two times a week for 6 weeks is not medically necessary.