

Case Number:	CM14-0014308		
Date Assigned:	02/26/2014	Date of Injury:	05/23/2013
Decision Date:	07/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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 Interventional Spine 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 28-year-old female with date of injury of 05/23/2013. Per the treating physician's, report 12/16/2013, the patient presents with pain in the shoulders, low back, right wrist, knee, ankles. The patient is currently not working primarily due to her pain. Presenting primary symptoms are persistent intermittent sharp pain in the neck with extension down to trapezius and shoulders, right major shoulder pain that is localized, aggravated by pulling, pushing, reaching overhead work, lifting pressure, cold weather with occasional clicking at the shoulder. Left shoulder pain has less severe of symptoms with intermittent dull pain. Low back pain is intermittent dull pain, right hip pain is intermittent sharp pain, major right wrist pain is intermittent with heavy lifting, driving, writing, and pain is localized. The patient has persistent bilateral knee pains, bilateral ankle pains as well. Neurologic examination was normal. Listed diagnoses: Status post left knee strain rule out medial meniscal tear, history of slip and fall with cervicothoracic, right shoulder, right hip, lumbar spine, bilateral knee, and bilateral ankle strains. Recommendation was for electrodiagnostic studies of the lower extremities, MRI of the cervicothoracic, lumbar, bilateral shoulder, right wrist, right hip; bilateral knees and bilateral ankles, and physical therapy for all these body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG), bilateral lower: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS/ACOEM Guidelines support EMG studies along with H-reflex, for patients presenting with low back pain to determine focal and subtle neurologic deficits. This patient presents with persistent low back pain and EMG studies are reasonable to obtain and supported by ACOEM Guidelines. Review of the provided reports does not show that this patient has had electrodiagnostic studies in the past. The H-reflexes can help determine subtle focal neurologic deficits in patients presenting with low back pain. Therefore, the request for EMG of the bilateral lower extremities is medically necessary and appropriate.

Nerve conduction velocity (NCV), bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve conduction studies (NCS).

Decision rationale: The MTUS/ACOEM Guidelines do not specifically address nerve conduction studies under its low back chapter. The Official Disability Guidelines (ODG) do not recommend routine use of nerve conduction velocity studies when pain down the legs is presumed to be coming from the lumbar spine. In this case, the patient has radiating symptoms at the lower extremities, which are presumed to be coming from the lumbar spine as a referred pain. Given the patient's age and the lack of any clinical suspicion for peripheral neuropathies or other conditions such as focal neuropathies, plexopathies, there is no medical reason to perform nerve conduction studies. Therefore, the request for NCV of the bilateral lower extremities is not medically necessary and appropriate.

Physical therapy, 12 sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

Decision rationale: MTUS Guidelines allow up to 9 to 10 sessions of physical therapy for myositis, myalgia, neuritis, neuralgia, the type of condition the patient is presented with. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for 10 sessions of treatments. Review of the reports show that only 1 progress report was provided for this review, namely 12/16/2013 report by treating physician. No prior physical therapy reports or initial

evaluation reports are provided. Given the patient's date of injury 05/23/2013, it is likely that the patient had some physical therapy during the initial course of treatments. However, the treating physician does report on this report that the patient initially received therapy twice a week addressing the left knee for 4 months. Therefore, the request for physical therapy for the right shoulder, quantity 12 sessions is not medically necessary and appropriate.

Physical therapy, quantity 12 sessions for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

Decision rationale: MTUS Guidelines allow up to 9 to 10 sessions of physical therapy for myositis, myalgia, neuritis, neuralgia, the type of condition this patient is presenting with. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for 10 sessions of treatments. Review of the reports show that only 1 progress report was provided for this review, namely 12/16/2013 report by treating physician. No prior physical therapy reports or initial evaluation reports are provided. Given the patient's date of injury 05/23/2013, it is likely that the patient had some physical therapy during the initial course of treatments. However, the treating physician does report on this report that the patient initially received therapy twice a week addressing the left knee for 4 months. Physical therapy treatments were also noted for knee, ankles for 1 month that were not helpful. Therefore, the request for physical therapy for the right hip, quantity 12 sessions is not medically necessary and appropriate.

Physical therapy, quantity 12 sessions for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

Decision rationale: MTUS Guidelines allow up to 9 to 10 sessions of physical therapy for myositis, myalgia, neuritis, neuralgia, the type of condition this patient is presenting with. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for 10 sessions of treatments. Review of the reports show that only 1 progress report was provided for this review, namely 12/16/2013 report by treating physician. No prior physical therapy reports or initial evaluation reports are provided. Given the patient's date of injury 05/23/2013, it is likely that the patient had some physical therapy during the initial course of treatments. However, the treating physician does report on this report that the patient initially received therapy twice a week addressing the left knee for 4 months. Physical therapy treatments were also noted for knee, ankles for 1 month that were not helpful. Therefore, the request for physical therapy for the right foot, quantity 12 sessions is not medically necessary and appropriate.

Physical therapy for the right knee, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

Decision rationale: MTUS Guidelines allow up to 9 to 10 sessions of physical therapy for myositis, myalgia, neuritis, neuralgia, the type of condition this patient is presenting with. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for 10 sessions of treatments. Review of the reports show that only 1 progress report was provided for this review, namely 12/16/2013 report by treating physician. No prior physical therapy reports or initial evaluation reports are provided. Given the patient's date of injury 05/23/2013, it is likely that the patient had some physical therapy during the initial course of treatments. However, the treating physician does report on this report that the patient initially received therapy twice a week addressing the left knee for 4 months. Physical therapy treatments were also noted for knee, ankles for 1 month that were not helpful. Therefore, the request for physical therapy for the right knee, quantity 12 sessions is not medically necessary and appropriate.

Physical therapy, quantity 12 sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines allow up to 9 to 10 sessions of physical therapy for myositis, myalgia, neuritis, neuralgia, the type of condition this patient is presenting with. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for 10 sessions of treatments. Review of the reports show that only 1 progress report was provided for this review, namely 12/16/2013 report by treating physician. No prior physical therapy reports or initial evaluation reports are provided. Given the patient's date of injury 05/23/2013, it is likely that the patient had some physical therapy during the initial course of treatments. However, the treating physician does report on this report that the patient initially received therapy twice a week addressing the left knee for 4 months. Physical therapy treatments were also noted for knee, ankles for 1 month that were not helpful. Therefore, the request for physical therapy 12 sessions for the cervical spine is not medically necessary and appropriate.

Physical therapy, 12 sessions for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

Decision rationale: MTUS Guidelines allow up to 9 to 10 sessions of physical therapy for myositis, myalgia, neuritis, neuralgia, the type of condition the patient is presented with. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for 10 sessions of treatments. Review of the reports show that only 1 progress report was provided for this review, namely 12/16/2013 report by treating physician. No prior physical therapy reports or initial evaluation reports are provided. Given the patient's date of injury 05/23/2013, it is likely that the patient had some physical therapy during the initial course of treatments. However, the treating physician does report on this report that the patient initially received therapy twice a week addressing the left knee for 4 months. Therefore, the request for physical therapy for the thoracic spine, quantity 12 sessions is not medically necessary and appropriate.