

Case Number:	CM14-0015455		
Date Assigned:	02/28/2014	Date of Injury:	07/12/2012
Decision Date:	10/01/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Rehabilitations a subspecialty in 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 injured worker is a 51-year-old male who reported injury on 07/12/2012 reportedly while putting a differential assembly weighing about 100 pounds into a box, at which time the injured worker had the onset of sharp pain and numbness to the right shoulder and arm. The injured worker subsequently developed pain to the neck and lower back. The injured worker's treatment history included medications, physical therapy, x-rays, and surgery. In the documentation, it was noted that the injured worker had 2 months of physical therapy to his right shoulder, providing him with minimal pain relief. The injured worker was evaluated on 01/21/2014 and it was documented that the injured worker complained of constant pain and discomfort in his shoulder. He had constant pain and discomfort. Reaching his arm out intermittently caused stabbing sensation in the middle of the shoulder. He was unable to lift his arm overhead. Intermittently, he was experiencing tingling that radiated to the right side of the neck. His right hand had numbness intermittently. He constantly used ice packs and electrical stim machine, which was of benefit temporarily. He used a rope on a pulley to assist with motion, given to him in physical therapy, which he used 4 to 5 times a week. He was unable to hold anything, even a red Solo cup. He used his left hand to lift his right arm above shoulder height. It was noted that it felt like his right shoulder was dead. He takes pain medication, which was of benefit. Physical examination revealed cervical spine range of motion, and there was full motion with right and left rotation, flexion, and extension without significant asymmetry to either side. Right shoulder revealed that the injured worker was neurologically intact from C5-T1. There was no lymphedema and there was normal skin. There was 2+ ulnar radio pulses of normal capillary refill. Active and passive range of motion are as follows: 80 degrees forward flexion, 70 degrees abduction, 15 degrees external rotation, and 0 degrees internal rotation; range of motion was moderately painful and moderate crepitus was present. There was moderate anterior pain and moderate lateral pain.

There was mild pain in the bicipital groove. There were no biceps deformity. There was moderate pain over the AC joint. Instability assessment revealed that he had 0 anterior translation, 0 posterior translation, and 0 inferior translation. There was a negative apprehension, with a negative relocation sign. There was a positive O'Brien's sign, localizing deep. Assessment of the rotator cuff revealed 3/5 strength for the supraspinatus. Infraspinatus strength was 3/5 and subscapularis strength was 3/5. There was a positive impingement sign. There was severe atrophy in the supraspinatus fossa. Within the documentation submitted, there was an MRI that revealed a large recurrent tear of the supraspinatus with retraction atrophy. The atrophy was severe. Request for Authorization dated 12/12/2013 was for physical therapy, EMG/NCV of the bilateral lower extremities and bilateral upper extremities. Diagnoses included lumbar sprain/strain, cervical pain, and shoulder tendonitis/bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Times 12 Visits for the Cervical Spine, Lumbar Spine, And Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. It was documented the injured worker received 2 months of physical therapy for the right shoulder, providing minimal pain relief. It was noted the injured worker received physical therapy for 2 weeks 2 a week as well. However, the provider failed to indicate outcome measurements of home exercise regimen. The provider failed to indicate long-term functional goals and outcome measurements. In addition the request will exceed recommended amount of visits per the guideline. Given the above, the request for 12 physical therapy times' 12 visits for the cervical spine, lumbar spine, and right shoulder.

EMG of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for electromyogram of bilateral lower extremities is not medically necessary. The California MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability

Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the physical examination done on 04/24/2014 indicating nerve root dysfunction. Given the above, the request for electromyogram of the bilateral lower extremities is not medically necessary.

NCV of the 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 ODG, Guidelines Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for nerve conduction study (NCS) for bilateral upper extremities is not medically necessary. The Official Disability Guidelines does not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. Electromyography are recommended to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There was no documentation of objective neurological findings suggestive of cord or nerve root pathology. In addition, the outcome measurements of conservative care was not submitted for this review. Given the above, the request is not medically necessary.

EMG of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for electromyogram of bilateral upper extremities is not medically necessary. The California MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the

physical examination done on 04/24/2014 indicating nerve root dysfunction. Given the above, the request for electromyogram of the bilateral upper extremities is not medically necessary.

NCV of the Bilateral Lower 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 Official Disability Guidelines (ODG) Low Back. Nerve Conduction Velocity.

Decision rationale: The request for nerve conduction study (NCS) bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no mention of a home exercise regimen outcome. Given the above, the request for nerve conduction study of bilateral lower extremities is not medically necessary.