

Case Number:	CM14-0142009		
Date Assigned:	09/10/2014	Date of Injury:	07/28/2010
Decision Date:	11/05/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, 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 53-year-old male who reported a work related injury on 07/28/2010 while working at [REDACTED], he stepped off of an 8 foot plank and fell injuring the neck, shoulder, and wrists/hands. The diagnoses included: history of right scaphoid fracture, healed; cervical spine strain with degenerative disc disease; and bilateral shoulder impingement syndrome, with AC joint arthrosis. Prior surgeries included left shoulder arthroscopy dated 05/23/2013. The past diagnostics included an ultrasound. An MRI of the cervical spine dated 03/23/2014 revealed: moderated discogenic disease at the C5-6 and C6-7; mild adequate central canal stenosis at the C4-5 and C6-7, most pronounced at C5-6; and multilevel significant for foraminal stenosis. An x-ray of the cervical spine dated 03/23/2014 revealed mild motion between C4-5 between flexion and extension; moderate discogenic disease at the C5-6 and C6-7 with mild anterior spondylosis. Prior treatments included acupuncture to the left shoulder, physical therapy to the left shoulder, and acupuncture to the cervical spine, epidural steroid injections and medication. The physical findings dated 01/15/2014 revealed the trapezius and periscapular regions to be non-tender. The cervical spine/neck range of motion was significantly decreased. Right upper extremity manual motor strength was 5-/5 to 5/5 for shoulder abduction, elbow extension, elbow flexion, wrist extension, wrist flexion and finger abduction. Left upper extremity manual motor strength was 5-/5 to 5/5 for shoulder abduction, elbow extension, elbow flexion, wrist extension and finger abduction. The right upper extremity sensation to light touch was preserved. The left upper extremity sensation to light touch was partially decreased. The injured worker's lower extremity manual motor strength was a 5/5 for hip abduction, 5/5 for hip adduction, 5/5 for hip flexion and extension. The extension was 5/5 for dorsal flexion and ankle plantar flexion. The left lower extremity manual motor strength was a 5/5 for hip abduction and adduction, 5/5 for hip flexion and extension, 5/5 for knee extension and ankle dorsal flexion.

The lower extremity sensation to light touch was preserved. The left lower extremity sensation to light touch was preserved. Negative straight leg raise test. Negative Hoffman's sign. Bilateral upper extremity arms, forearms and hands compartments were soft to palpation. Bilateral lower extremity thighs and leg compartments were soft to palpation. The injured worker walked without assistance of a device. The medication included hydrocodone. The treatment plan included EMG study of the bilateral upper extremities, NVC study of the bilateral upper extremities and physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG study of bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for EMG study of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM do not recommend nerve conduction velocity studies or electromyograms for routine use of diagnostic evaluation of nerve entrapment or screening in patients without symptoms. The injured worker indicated that at the present time he was experiencing marked left upper extremity numbness without reticulating pain. The injured worker also indicated that he was not experiencing right upper extremity radiating pain, numbness or tingling. The injured worker also takes hydrocodone. The provider did not provide a functional measurable pain level. The request is for the bilateral upper extremities. As such, the request is not medically necessary.

NVC study of bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for NVC study of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM recommend nerve conduction velocity for median or ulnar impingement at the wrist after failure of conservative treatment. The provider did not indicate that the injured worker had failed conservative care. The injured worker indicated that he was experiencing marked left upper extremity numbness without radiating pain and indicated that he was not experiencing right upper extremity radiating pain, numbness or tingling. The injured worker also takes hydrocodone. The provider did not provide a functional measurable pain level. As such, the request is not medically necessary.

Physical therapy 2-3week for 4-6 weeks cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines

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

Decision rationale: The request for physical therapy 2-3week for 4-6 weeks cervical spine is not medically necessary. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling to improve the rate of healing soft tissue injuries. The treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis and radiculitis. The injury is x4 years old. The clinical notes indicate that the injured worker takes hydrocodone; however no functional measurement for the effectiveness or the efficacy of the medication. The physical examination of the cervical spine indicated that the range of motion was significant decreased however no functional measurements were provided. As such, the request is not medically necessary.