

Case Number:	CM14-0158841		
Date Assigned:	10/02/2014	Date of Injury:	04/27/2013
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedic Surgery 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:

This is a 34-year-old male with a 4/27/13 date of injury. The mechanism of injury occurred when he was taking out towels and tripped and fell. According to a progress report dated 9/4/14, the patient's shoulder was the area of greatest concern. His elbow pain was gone but with only rare pain in the fingers. Objective findings: axial compression gives him anterior elbow pain, no pain posterior to the medial epicondyle, no subluxation of the nerve. Diagnostic impression: status post right shoulder repair, cubital tunnel syndrome on the right, cervical radiculitis. A 7/2/14 orthopedic consultation note stated that the patient has had a minimum of 3 postoperative physical therapy sessions but still had moderate weakness. The patient has previously had an arthroscopic subacromial decompression and superior labral repair. He had an EMG nerve conduction study in May of 2014. He had pain and guarding and therefore not sure that the test was accurate. The physician has ordered a new EMG and nerve conduction study to rule out cervical radicular impairment. Treatment to date: medication management, activity modification, surgery, and physical therapy. A UR decision dated 9/15/14 denied the requests for EMG of right upper extremity and physical therapy. Regarding EMG, this patient had an EMG of the upper extremities in May 2014. There is no documentation that there has been any deterioration in neurologic function in the past 4 months since the previous EMG. Regarding physical therapy, there is no documentation concerning the details of the physical therapy the patient has completed since his shoulder surgery in January 2014. The patient reportedly has had 6 visits of physical therapy noted, but there is no indication to what the functional outcome was.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines 9792.23.3 Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - EMG

Decision rationale: The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, in the present case, it is noted that the patient just had an EMG in May of 2014, and there are no significant changes in the patient's condition to warrant repeat imaging in such a short time frame. In addition, the patient already has a diagnosis of cervical radiculopathy. Guidelines do not support EMG when the patient already has a diagnosis of radiculopathy. Furthermore, there is no documentation that the patient has failed conservative therapy. Therefore, the request for EMG, Right upper extremity was not medically necessary.

Physical therapy Qty 12 (3 x per week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If post-surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period. In the present case, the patient is status post-arthroscopic subacromial decompression. Guidelines support up to 24 visits over 14 weeks for arthroscopic shoulder surgery. However, the date of surgery was not noted in the reports provided for review. As a result, it is unclear if the treatment requested is within the post-surgical physical medicine period. In addition, it is noted that the patient has completed a minimum of 3 post-surgical physical therapy sessions; however, the total number of completed physical therapy sessions was not noted. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Therefore, the request for Physical therapy Quantity 12 (3 x per week for 4 weeks) was not medically necessary.

