

Case Number:	CM14-0159348		
Date Assigned:	10/03/2014	Date of Injury:	11/09/2011
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a 64 year old female with a date of injury of 09 November, 2011. The mechanism of injury is a door that was opened against the injured worker causing injury to her right shoulder. According to the record, she suffered subsequent shoulder pain. She underwent surgery on 16 August, 2012 for repair of a massive rotator cuff tear. There is documentation of an EMG dated 25 June, 2013 which showed evidence of bilateral carpal tunnel syndrome (right>left) as well as a right ulnar neuropathy at the elbow likely due to diabetes. There is no evidence on this EMG of evidence of either nerve root impingement or of a plexopathy. There is a documented MRI of the right shoulder dated 30 August, 2013 which showed post-operative changes of the right rotator cuff tear. There is a full thickness tear of the right supraspinatus tendon documented on this MRI. There is documentation of a second surgery for a repair of a massive right rotator cuff tear dated 06 February, 2014 along with a subacromial decompression, acromioplasty and an excision of the undersurface of the right clavicle. At the time of request for recent authorization of services on 06 August, 2014, there is documentation of right shoulder pain with exam showing pain to palpate the right A-C joint. There is no muscle atrophy. There is 4/5 weakness documented through all muscle groups of the right shoulder, right elbow and right wrist. Reflex testing is normal and there is decreased sensation in the right arm documented in a right ulnar nerve sensory pattern. It is further documented in this note that the injured worker is considered permanent and stationary in regards to her medical condition. There is no documentation of unequivocal findings on specific clinical exam to clinically suggest a radiculopathy. There is no documentation of neuroimaging to suggest a cervical radiculopathy. There is no clinical course documented to specifically plan the patient course for physical therapy including a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation for Electromyography (EMG), Nerve conduction velocity (NCV), bilateral upper extremity due to radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 edition (web), 2014, Neck, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MTUS guidelines identifies that EMG testing may be useful to identify subtle focal neurologic dysfunction in patients with arm or neck symptoms lasting more than 2-4 weeks. Unequivocal clinical findings that identify specific nerve compromise on the neurologic exam are considered sufficient evidence to warrant special studies such as EMG testing if the clinical symptoms are persistent. In the case of this injured worker, there are no unequivocal clinical findings specifically on clinical exam to suggest a specific nerve compromise. There is no documentation of a change in the clinical exam since prior EMG testing documented on 25 June, 2013. Therefore, according to the guidelines and the review of the evidence, the request for Neurology consultation for Electromyography (EMG), Nerve Conduction Velocity (NCV), of bilateral upper extremity due to a radiculopathy is not medically necessary.

Physical therapy 3 x 4, 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: MTUS guidelines documents that Physical 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 and to improve the rate of healing of soft tissue injuries. The guidelines further recommend a plan for a fading of the treatment frequency (from up to 3 visits per week to 1 visit) plus the plan to use a self-directed treatment with home physical therapy. In the case of the injured worker, there is no specific plan for a specific clinical use of physical therapy tailored to the patient's clinical needs with a plan for a fading frequency of treatment or a trial of a home physical therapy plan. Furthermore, the patient has persistent pain for over a three year period with no significant relief despite two major surgeries and is found on 06 August, 2014 that her symptoms are considered permanent and stationary. Therefore, according to the guidelines and the review of the medical evidence, the request for Physical Therapy (3x4) right shoulder is not medically necessary.

