

Case Number:	CM14-0176730		
Date Assigned:	10/29/2014	Date of Injury:	07/28/2014
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 American Board Family Practice 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 57-year-old right-handed female sustained a work injury on July 28, 2014 involving the neck and left upper extremity. She was diagnosed with cervical sprain, left shoulder sprain, left elbow strain and left wrist strain. A progress note on September 11, 2014 indicated the claimant had persistent pain in the involved areas with limited function due to discomfort. Exam findings were notable for limited range of motion of the cervical spine, impingement findings of the left shoulder, reduced range of motion of the left elbow, shoulder and wrist, as well as positive findings for DeQuervain's of the left wrist. The physician requested an EMG and nerve conduction study of the upper extremities, MRI of the left shoulder to evaluate rotator tear, functional capacity evaluation and 18 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines a nerve conduction velocity study or EMG is not recommended for diagnosis of nerve entrapment for screening in patients without symptoms. It is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. In this case the claimant did not have the above entrapment findings.. A nerve conduction study and EMG of the upper extremities is not medically necessary.

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.

Baseline FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Guidelines for Performing Functional Capacity Evaluations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Functional Capacity and pg 175 Official Disability Guidelines (ODG) Functional Capacity Evaluation

Decision rationale: The MTUS guidelines do not make a statement on functional capacity evaluation but comment on functional improvement as follows: Functional improvement measures Recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a

progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007)For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. (Cowan, 2008)According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not medically necessary.

Physical Therapy 3x6 Cervical Spine/Left Shoulder/Left Elbow/Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksIn this case, there was no indication that therapy could not be performed in a home based program. The amount of therapy visits recommended exceeds the amount recommended in the guidelines. The request for 18 sessions of physical therapy is not medically necessary.