

Case Number:	CM14-0024243		
Date Assigned:	06/11/2014	Date of Injury:	07/16/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 patient is a 50 year old male who was injured on 07/16/2013 when a divider wall blew up and came down on him on the left side of his neck and arm. Diagnostic studies reviewed include an MRI of the left shoulder on 07/25/2013 revealing subglenoid glenohumeral joint dislocation. High grade and full thickness tear of the inferior glenohumeral ligament complex with high grade tearing involving the inferior muscle fibers of the subscapularis and upper fibers of the teres major muscles. Orthopedic note dated 09/04/2013 indicates that the patient was continued in physical therapy and instructed on aggressive home exercise program. Progress report dated 11/18/2013 documents the patient is attending acupuncture therapy but is unable to determine having any improvement at this time. Progress report dated 12/16/2013 documents the patient stating that acupuncture continues to provide him with improvement. Progress report dated 01/31/2014 states the patient complains of left shoulder pain rated at 3-4/10. Objective findings reveal left shoulder and left elbow restriction on range of movement with pain. There is tenderness upon palpation. Diagnoses: 1. Dislocation of the shoulder joint left side. 2. Nerve impingement. 3. Median epicondylitis. 4. Glenoid labrum tear. Plan of treatment: A request for a neurologic consultation, a request for nerve conduction study and electromyography for the left upper extremity, 8 visits of exercise therapy. Utilization report dated 02/12/2014 shows the requested EMG/NCV for the left upper extremity is denied and non-certified. The medical report at this time contained very little information regarding the nature of any neurologic symptoms or the differential diagnosis to be evaluated through electrodiagnostic studies. The requested additional 6 chiropractic sessions also were not certified as the specific body part to be treated and the rationale are both in support of this treatment are not provided in the records and the guidelines. There is no documentation of functional deficits that could not be addressed in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation (ODG), Neck and Upper Back, Nerve Conduction Study & Electromyography.

Decision rationale: As per CA MTUS/ACOEM guidelines Electromyography (EMG), and Nerve Conduction Velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG guidelines, Nerve Conduction Study (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. On the other hand, the Electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. The available medical records do not document detailed neurological evaluation to justify the indication of EMG for this patient. Accordingly, the requested EMG/NCV of the left upper extremity is not medically necessary.

6 CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: As per CA MTUS guidelines, Chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The available medical records document the patient has received physical therapy and chiropractic treatment as indicated by the PR dated 9/4, 11/18 and 12/16/2013, but they do not address detailed functional assessment or improvement to support the extension of these modalities of pain management. Therefore, based on the lack of documentation, the medical necessity of the additional 6 sessions of Chiropractic treatment has not been established.

