

Case Number:	CM14-0033840		
Date Assigned:	06/27/2014	Date of Injury:	05/07/2013
Decision Date:	07/28/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Rehab, 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 43 year-old patient sustained an injury on 5/7/13 from a slip and fall onto her right arm/wrist, back and right shoulder while employed by [REDACTED]. Request(s) under consideration include Additional outpatient physical therapy, two sessions per week for four weeks to the right wrist, right shoulder, and right elbow and EMG/NCV of the bilateral upper extremities. Diagnoses include Shoulder joint derangement/rotator cuff syndrome; elbow/forearm contusion; lateral epicondylitis; hand joint derangement; wrist enthesopathy. The patient has completed at least 8 physical therapy sessions on 11/12/13. Report of 2/3/14 from the provider noted patient with ongoing right upper extremity pain. Exam showed right wrist tenderness to palpation; decreased range of motion; positive Finklestein's; right shoulder with flex/ER/IR of 170/80/80 degrees respectively; positive impingement sign at right elbow with tender to palpitation over lateral epicondyle. MRI of right wrist authorized on 11/12/13 had no results reported. Treatment included additional Physical therapy and EMG/NCS studies. Request(s) for Additional outpatient physical therapy, two sessions per week for four weeks to the right wrist, right shoulder, and right elbow and EMG/NCV of the bilateral upper extremities were non-certified on 2/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy, two sessions per week for four weeks to the right wrist, right shoulder, and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, rotator cuff/impingement syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional outpatient physical therapy, two sessions per week for four weeks to the right wrist, right shoulder, and right elbow is not medically necessary and appropriate.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder, forearm, wrist, and hand chapters.

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient s/p slip and fall over one year prior without any report of new injury, acute flare-up, or red-flag conditions. The EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.

