

Case Number:	CM14-0034070		
Date Assigned:	05/02/2014	Date of Injury:	08/03/2012
Decision Date:	07/25/2014	UR Denial Date:	02/12/2014
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 Occupational Medicine 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 56-year-old male who has submitted a claim for cervical myospasm, left shoulder impingement syndrome, and left shoulder partial rotator cuff tear status post surgery associated with an industrial injury date of August 30, 2012. The medical records from 2012 to 2013 were reviewed. The patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Aggravating factors included lifting and pulling objects. Range of motion of the cervical spine was restricted. Triggerpoints and muscle spasm were noted at the left upper trapezius. Motor testing of cervical muscles was graded 4/5. Motor strength and range of motion of the left shoulder were normal. Range of motion of both wrists was restricted. Both Tinel's and Phalen's tests were positive. Sensation was diminished at left C6 to C7 dermatomes. An MRI of the cervical spine, dated March 30, 2013, demonstrated multilevel degenerative changes with osteophyte complexes in conjunction with facet disease contributing to neural foraminal narrowing. There was no evidence of central canal stenosis. Treatment to date has included left shoulder surgery on August 2013, use of a TENS unit, 24 sessions of physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: The CA MTUS ACOEM Guidelines state that EMG studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient has been complaining of persistent cervical pain radiating to bilateral upper extremities. Significant objective findings showed positive Tinel's and Phalen's tests with diminished sensation at left C6 to C7 dermatomes. Clinical manifestations do not indicate presence of focal neurologic deficit to warrant an EMG. Moreover, MRI of the cervical spine from March 30, 2013 showed no evidence of central canal stenosis. There are no worsening of subjective complaints or objective findings that may warrant further investigation utilizing EMG. There is likewise no documented rationale for this request. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Nerve Conduction Studies (NCV).

Decision rationale: The CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies (NCSs), or in more difficult cases, EMG may be helpful. Moreover, the ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient has been complaining of persistent cervical pain radiating to bilateral upper extremities. Significant objective findings showed positive Tinel's and Phalen's tests. Moreover, an MRI of the cervical spine from March 30, 2013 showed no evidence of central canal stenosis. The clinical manifestations are consistent with neuropathic pain. Therefore, the request for NCV of bilateral upper extremities is medically necessary.

A 3 Month Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

Decision rationale: The CA MTUS does not address this topic specifically. Per the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. It states that gym memberships are not

recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, patient had completed 24 sessions of physical therapy. It is unclear why patient cannot transition into an independent exercise program. There is no discussion concerning need for specialized equipment or monitoring of exercise by a health professional to warrant this request. There is likewise no documented rationale for this program. Therefore, the request for 3 months gym membership is not medically necessary.