

<b>Case Number:</b>	CM14-0047220		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 53 year old female with a date of injury on 6/27/2012. Diagnoses include cubital tunnel syndrome, carpal tunnel syndrome, elbow lateral epicondylitis, left shoulder strain, and failed left elbow surgery in 2012. Subjective complaints from 2/13/2014 indicate left shoulder pain, rated 6/10. Physical exam showed a tender left shoulder joint. No further exam findings were documented. Submitted records indicate that the patient had a sleep study on 12/6/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, EMG.

**Decision rationale:** CA MTUS suggests that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if

radiculopathy is already clinically obvious. For this patient, there is no documentation of radicular complaints, and there is no corresponding physical exam that mentions low back pain or radicular signs. Therefore, the request is not medically necessary.

**Physical therapy; twelve session (2 x 6): 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:** CA MTUS indicates that physical therapy should allow for fading of treatment frequency plus active self-directed home physical medicine. The submitted records do not provide information regarding the rationale or indication for physical therapy. Furthermore, the records do not identify the anatomical location or diagnosis for which the physical therapy is requested. Therefore, the request for physical therapy is not medically necessary.

**Sleep study consultation follow up: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, PAGE 127 Official Disability Guidelines (ODG) PAIN, POLYSOMNOGRAPHY.

**Decision rationale:** ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends sleep studies after at least six months of insomnia complaints, unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. For this patient, prior sleep study was done on 12/5/2013. The patient was noted to have normal findings while using CPAP. There is no documentation of new sleeping difficulties or rationale why sleep consultation is requested at this point in treatment. Therefore, request for a sleep study consultation is not medically necessary.