

Case Number:	CM14-0062923		
Date Assigned:	07/11/2014	Date of Injury:	11/17/2012
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 45-year-old female who reported an injury on 11/17/2012. The mechanism of injury was trip and fall. Diagnoses included neck sprain/strain, shoulder sprain/strain, cervical spondylosis, carpal tunnel syndrome, and radial styloid tenosynovitis. Previous treatments included medication and physical therapy. Within the clinical note dated 04/15/2014, it was reported the injured worker complained of wrist and hand pain. She complained of constant severe pain that was described as tingling. The injured worker complained of cervical spine pain which she reported was intermittent, slight to moderate pain. She described the pain as burning. On the physical examination, the provider noted the cervical spine had frequent spasms and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles, and bilateral upper shoulders. The range of motion of the cervical spine was flexion of 30 degrees and extension of 35 degrees. The injured worker had a positive bilateral axial compression and shoulder depression test. The provider requested physical therapy for continuation of dependent and functional improvement, EMG/NCV of the upper bilateral extremities for recurrence of numbness and positive orthopedic test. A Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine x 12 visits, Cervical and Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for physical medicine x12 visits, cervical and right wrist, is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. The guidelines note for neuralgia, myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation of an increase or decrease in functional ability with the previous physical therapy. Number of sessions the injured worker has previously undergone was not provided for clinical review. The number of sessions requested exceed the guidelines recommendations of 8 to 10 visits. Therefore, the request is not medically necessary.

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The Request for an EMG Bilateral Upper Extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The guidelines recommend 4-6 weeks of conservative care. There is lack of clinical documentation indicating the injured worker had tried and failed on conservative therapy. There is lack of significant neurological deficits, such as decreased sensation in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

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

Decision rationale: The request for nerve conduction velocity for the bilateral upper extremities is not medically necessary. The California MTUS Guidelines note nerve conduction velocities

including H reflex test may be helpful to identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines do not recommended a nerve conduction velocity to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography and obvious clinical signs, but recommended if an EMG is not clearly radiculopathy or clearly negative to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when patients are already presumed to have symptoms on the basis of radiculopathy. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatome or myotomal distribution. There is lack of documentation indicating the injured worker tried and failed on conservative therapy. Therefore, the request is not medically necessary.