

Case Number:	CM14-0084864		
Date Assigned:	07/30/2014	Date of Injury:	11/10/2012
Decision Date:	10/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/06/2014

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 injured worker is a 52-year-old male who reported an injury on 11/16/2012 secondary to a fall. Current diagnoses include AC joint arthrosis, long finger tenosynovitis, and hip bursitis. Previous conservative treatment is noted to include physical therapy and home exercise. The current medication regimen includes Norco and Gabapentin. The injured worker was evaluated on 05/27/2014 with complaints of left shoulder pain. Physical examination revealed a mildly antalgic gait, limited lumbar range of motion, full range of motion of the bilateral upper extremities, exquisite tenderness over the left upper extremity, tenderness to palpation over the sacrum, decreased sensation in the lower extremity, and negative straight leg raise bilaterally. Treatment recommendations included an EMG/NCS of the left lower extremity, as well as a 6 month gym membership. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership X 6 Months: Upheld

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

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

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. As per the documentation submitted, the injured worker has participated in a previous course of physical therapy with instruction in a home exercise program. There is no evidence of the ineffectiveness of a home exercise program or an indication of the need for specialized equipment. Therefore, the medical necessity has not been established. As such, the current request is not medically necessary.

Electromyography (EMG) Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography is recommended to obtain unequivocal evidence of radiculopathy after 1 month of conservative treatment. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination only revealed a mildly antalgic gait with decreased sensation over the left lower extremity. There was no documentation of motor weakness in the left lower extremity. The injured worker demonstrated a negative straight leg raise bilaterally. The medical necessity for the requested procedure has not been established. As such, the request is not medically necessary.

Nerve conduction velocity (NCV) Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography is recommended to obtain unequivocal evidence of radiculopathy after 1 month of conservative treatment. Nerve conduction studies are not recommended. As per the documentation submitted,

the injured worker's physical examination only revealed a mildly antalgic gait with decreased sensation over the left lower extremity. There was no documentation of motor weakness in the left lower extremity. The injured worker demonstrated a negative straight leg raise bilaterally. The medical necessity for the requested procedure has not been established. As such, the request is not medically necessary.