

<b>Case Number:</b>	CM13-0054557		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male who sustained multiple cumulative industrial injuries to multiple body areas on January 12, 2009. The injured worker has been diagnosed with cervical disc disease, right elbow medial and lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar sprain/strain, right rotator cuff tear, left shoulder impingement syndrome, patellar chondromalacia and left Achilles injury. The injured worker is status post right shoulder labrum tear in 2012 followed by physical therapy. Past treatments have included surgery, physical therapy, cervical epidural steroid injection (ESI), ankle injections, diagnostic testing and medications. According to the primary treating physician's progress report on October 10, 2013, the injured worker continues to experience constant daily pain to his cervical spine with headaches, bilateral shoulder pain, lumbar spine pain, knee and ankle pain bilaterally along with anxiety, depression and sleep disturbances. The injured worker describes the cervical spine and bilateral shoulders as radiating joint discomfort numbness and tingling into the bilateral hands. Examination of the cervical spine revealed no pain with spasm at C3-C7 area with decreased range of motion. Sensation was decreased at C5-C6 and C6-C7 bilaterally. Motor and deep tendon reflexes were intact. Shoulder examination demonstrated decreased range of motion grater on the left side with impingement signs bilaterally. Bilateral wrists were positive for Tinel's and Phalen's signs with decreased sensation of the fingers bilaterally. Lumbar spine examination demonstrated spasm at L3-S1 with decreased range of motion and intact motor and bilateral negative straight leg raise without radiating pain. Gait was described as with and without a limp and able and unable to heel-toe walk without difficulty. Current medications are

listed as Motrin, Advil and aspirin. The injured worker is on temporary total disability (TTD). Treatment plan includes the request for right shoulder physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, cervical traction and Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG FOR THE LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography including H reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation provided, the physical examination revealed normal motor strength in the bilateral lower extremities, 2+ deep tendon reflexes, and intact sensation. There was no evidence of a motor or sensory deficit with regard to the lumbar spine or the bilateral lower extremities. The medical necessity for electrodiagnostic testing has not been established in this case. Therefore, the request is not medically appropriate.

#### **PHYSICAL THERAPY FOR THE RIGHT SHOULDER (12 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. It is noted that the injured worker is status post right shoulder arthroscopy in 09/2012. There was no documentation of the previous course of physical therapy with evidence of objective functional improvement. The medical necessity for an additional 12 sessions has not been established in this case. As such, the request is not medically appropriate at this time.

#### **A CERVICAL TRACTION DEVICE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. The medical necessity for cervical traction has not been established in this case. There was no documentation of a prior attempt at cervical traction prior to the request for a home device. Given the above, the request is not medically appropriate.

**A TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. In this case, there was no documentation of chronic intractable pain of at least 3 months, duration with a failure to respond to appropriate pain modalities including medication. There is also no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.

**NCV FOR THE LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography including H reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation provided, the physical examination revealed normal motor strength in the bilateral lower extremities, 2+ deep tendon reflexes, and intact sensation. There was no evidence of a motor or sensory deficit with regard to the lumbar spine or the bilateral lower extremities. The medical necessity for electrodiagnostic testing has not been established in this case. Therefore, the request is not medically appropriate.