

<b>Case Number:</b>	CM14-0004922		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work-related injury on February 7, 2013. Subsequently, she developed chronic neck and shoulder pain. Prior treatments included: 12 sessions of physical therapy, medications, and 8 sessions of acupuncture. According to the progress report dated September 9, 2013, the patient complained of neck pain, which she rated as a 6/10. She indicated that pain was constant and associated with stabbing and tingling sensation that radiates through her shoulder, elbow, and wrist into her right hand and fingers to her first 3 digits. The patient rated her right shoulder pain at a 7/10. The patient also complained of numbness, tingling, and throbbing pain in her right wrist, which she rated at 3/10. Examination of the cervical spine revealed tenderness with palpation. Range of motion was restricted. The patient had positive cervical compression test, Spurling's test, and shoulder depression test on the right and negative cervical distraction test and Soto Hall test on the left. The rest of the orthopedic tests were negative bilaterally. Deep tendon reflexes revealed 2+ bilaterally. Sensory examination was decreased on the right upper extremity C6-7 dermatome. Muscle strength testing revealed 4/5 on the right and 5/5 on the left shoulder abductors, shoulder flexors, elbow flexors, elbow extensors, wrist flexors, wrist extensors, and finger abductors. Examination of the right shoulder revealed tenderness. Range of motion was restricted by pain. The patient had positive supraspinatus test, Neer's test, Hawkins impingement test, and negative Arm drop test. Apprehension test, Speed's test, and Yergason's test on the right; muscle strength testing revealed 4/5 in the right shoulder flexor, extensor, adductor, and abductor. Right internal rotation and external rotation revealed 5/5. Examination of the right elbow revealed tenderness with palpation. The range of motion was restricted by pain. The patient had positive Cozen's test, Mill's test, Tinel's ulnar nerve test, and negative elbow flexion test, Tinel's radial nerve, medial stability test, and lateral stability test on the right. Muscle strength testing revealed 4/5 in right

flexion and extension and 5/5 in supination and pronation. The patient was diagnosed with right shoulder sprain/strain, right upper trapezius myofasciitis, cervical spine strain, right elbow ulnar neuritis with possible carpal tunnel syndrome, and cervical disc radiculopathy. The provider requested authorization for chiropractic treatment and EMG of the Upper Extremities.

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

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

#### **Chiropractic Treatment 2 times a week to the right shoulder: 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); Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups need to reevaluate. Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. Therefore, the request for Chiropractic Treatment 2 times a week for the right shoulder is not medically necessary.

#### **EMG of the Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the

neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). The referring physician should provide clinical information that supports the diagnosis of radiculopathy or peripheral nerve damage. There is no recent and objective documentation of cervical radiculopathy. Therefore, the request for EMG for the Upper Extremities is not medically necessary until more information is provided.