

Case Number:	CM14-0135651		
Date Assigned:	08/29/2014	Date of Injury:	03/15/2012
Decision Date:	01/05/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine, 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:

Patient is a 35 year-old female with date of injury 03/05/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/20/2014, lists subjective complaints as pain in the bilateral shoulders and upper extremities. Patient is status post subacromial decompression of the right shoulder on 01/06/2014, and status post carpal tunnel release and cubital tunnel release (dates not provided). Patient has completed at least 24 sessions of physical therapy for the right shoulder to date. Objective findings: Examination of the cervical spine revealed full range of motion secondary to pain with no stridor or rigidity. Patient had full range of motion of the bilateral upper extremities. No neurovascular deficits were identified. There were no focal sensory or motor deficits. Diagnosis: 1. Right shoulder chronic impingement syndrome with partial-thickness rotator cuff tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that 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. The medical record fails to document radicular-type arm symptoms. EMG/NCV of left upper extremity is not medically necessary.

EMG/NCV of right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that 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. The medical record fails to document radicular-type arm symptoms. EMG/NCV of right upper extremity is not medically necessary.

Physical Therapy 3 x 4 for the bilateral wrists and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment 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, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 Chiropractic, 24 Occupational Therapy, and 24 Physical Therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. PT 3 x 4 for the bilateral wrists and hands is not medically necessary.