

Case Number:	CM14-0191094		
Date Assigned:	11/24/2014	Date of Injury:	06/29/2014
Decision Date:	02/25/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a female injured worker with a work-related injury dated August 6, 2014. The physician's visit dated August 6, 2014 reflected that the worker had experienced a prior low back and left shoulder injury that had not completely healed prior to this current injury. The history given by the worker reflected continued injuries over the course of this job performance since 2004. Due to work conditions, the worker quit his job on July 25, 2014 and was seen for an initial evaluation on August 6, 2014. Complaints at this visit were remarkable for neck pain rated a six, upper back pain rated a 7, left shoulder pain rated a 7, left elbow pain rated a 6, left knee pain rated a 6, left foot pain rated a 6 and left foot pain rated a 6. The worker reported anxiety, depression and stress with associated irritability and mood swings. The worker also had nightly sleep disturbances. Physical exam was remarkable for slight-moderate spasticity over the paracervical and parathoracic musculature along with tenderness. There was a decrease in range of motion by 15 percent. There was a positive foraminal compression test, positive distraction test, flexion, and extension revealed pain and discomfort. There were discrepancies in girth measurements for the upper extremities. The lumbar spine range of motion was decreased by 25 percent and pain with flexion and extension. The left elbow and knee had slight swelling, slight to moderate tenderness with palpation and full range of motion but with pain. The left ankle had tenderness with palpation. Diagnoses at this visit included sub-acute traumatic moderate repetitive sprain/strain to cervical, thoracic and lumbar spine, left shoulder, left elbow, left knee, and left ankle. There was also diagnosis of anxiety, depression, stress with irritability and mood swings and nightly sleep disturbances. Treatment plan included chiropractic care to include

manipulation and myofascial/exercise three times per week for four weeks, physical therapy to include ranges of motion exercises, stretching, manual traction, manual massage and muscle strengthening and rehabilitation three times per week for four weeks and physiotherapy and acupuncture three times per week for four weeks. The utilization review decision dated November 6, 2014 non-certified the request for initial functional capacity evaluation (FCE) (09/02/2014) and bilateral lower extremity EMG/nerve conduction study (NCV) for dates of service on 09/29/2014 and upper extremity study on 08/28/2014. The rationale for non-coverage of the bilateral upper extremity EMG/NCV studies reflected that objective findings on examination showed no upper extremity dermatomal pain patterns or objective finding of a radiculopathy, cubital or carpal tunnel syndrome. The documentation also did not reflect any conservative treatment directed at the bilateral upper extremities or cervical spine or outcome from any treatment. The rationale for non-coverage of the bilateral lower extremity EMG/NCV studies was based on the documentation that showed no lower extremity dermatomal pain patterns or objective findings of a radiculopathy, no documentation of conservative treatment directed at the bilateral lower extremities or the lumbar spine or the outcome of treatment. There is support of electro diagnostic studies in the setting of symptoms and exam findings convincing of a possible nerve root or peripheral nerve entrapment or a peripheral neuropathy, both of which were not evident in the documentation that was reviewed. Based on the documentation that was reviewed and the rationale above, the medical necessity for these tests was not supported. The rationale for the non-coverage reflected that the functional capacity study reflected that the ACOEM guidelines reflect that there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace and it is problematic to rely solely upon FCE results to determine current work capacity and restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Initial functional capacity evaluation DOS 09/02/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.
Decision based on Non-MTUS Citation Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting

medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

(Retro)Bilateral Lower Extremity EMG/Nerve Conduction Study DOS 09/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 63, 303.
Decision based on Non-MTUS Citation Official Disability Guidelines- EMG/NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.

(Retro) Bilateral Upper Extremity EMG/Nerve Conduction Study DOS 08/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-EMG/NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Additionally, there is no documentation of failed conservative

treatment. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.