

Case Number:	CM14-0197192		
Date Assigned:	12/05/2014	Date of Injury:	04/07/2014
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

The injured worker is a female, who sustained an injury on April 7, 2014. The mechanism of injury occurred when was pushed down in a classroom. Treatments have included: physical therapy, medications. The current diagnoses are: cervical sprain, shoulder impingement, lumbar radiculopathy, knee internal derangement, and headache. The stated purpose of the request for physical therapy 3x4 weeks for the neck, right shoulder and right knee was not noted. The request for physical therapy 3x4 weeks for the neck, right shoulder and right knee was denied on October 29, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for EMG/NCS bilateral upper extremities was not noted. The request for EMG/NCS bilateral upper extremities was denied on October 29, 2014, citing a lack of documentation of positive neurologic exam findings. The stated purpose of the request for MRI of the neck, right shoulder and low back: was not noted. The request for MRI of the neck, right shoulder and low back: was denied on October 29, 2014, citing a lack of documentation of positive exam findings. Per the report dated November 11, 2014 the treating physician noted complaints of pain to the right knee, right shoulder and low back. Exam findings included cervical and lumbar paraspinal spasm with reduced range of motion, slight decreased sensation to bilateral C7 dermatomes, negative Spurling and cervical compression tests, positive right shoulder impingement sign, positive straight leg raising test, full muscle strength and reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for the neck, right shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested physical therapy 3x4 weeks for the neck, right shoulder and right knee, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the right knee, right shoulder and low back. The treating physician has documented cervical and lumbar paraspinal spasm with reduced range of motion, slight decreased sensation to bilateral C7 dermatomes, negative Spurling and cervical compression tests, positive right shoulder impingement sign, positive straight leg raising test, full muscle strength and reflexes. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met and therefore, physical therapy 3x4 weeks for the neck, right shoulder and right knee is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested EMG/NCS bilateral upper extremities, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has pain to the right knee, right shoulder and low back. The treating physician has documented cervical and lumbar paraspinal spasm with reduced range of motion, slight decreased sensation to bilateral C7 dermatomes, negative Spurling and cervical compression tests, positive right shoulder impingement sign, positive straight leg raising test, full muscle

strength and reflexes. The treating physician has not documented sufficient positive neurologic exam evidence indicative of nerve compromise. The criteria noted above not having been met and EMG/NCS bilateral upper extremities is not medically necessary.

MRI of the neck, right shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 178-179; 207-209; 303-305.

Decision rationale: The requested MRI of the neck, right shoulder and low back: is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain to the right knee, right shoulder and low back. The treating physician has documented cervical and lumbar paraspinal spasm with reduced range of motion, slight decreased sensation to bilateral C7 dermatomes, negative Spurling and cervical compression tests, positive right shoulder impingement sign, positive straight leg raising test, full muscle strength and reflexes. The treating physician has not documented sufficient positive neurologic exam evidence indicative of nerve compromise. The criteria noted above not having been met, MRI of the neck, right shoulder and low back is not medically necessary.