

Case Number:	CM14-0208068		
Date Assigned:	12/22/2014	Date of Injury:	12/05/2011
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 71-year-old male with a date of injury of 12/05/2011. The medical file provided for review includes one agreed medical evaluation report dated 10/21/2014. According to this report, the patient presents with chronic low back, neck, bilateral shoulders, bilateral hands, and bilateral knee and feet pain. The patient also has a medical history of acid reflux and gastritis. The patient is currently taking ibuprofen and occasionally buffered aspirin for pain. Physical examination on this date revealed limited range of motion of the neck. DTRs are 1+ and symmetric in the biceps. Hand grip by Jamar testing revealed on the right side 60/40/58 and on the left side 40/38/40. There is a non-dermatomal decreased sensation in the median and ulnar side of the bilateral hands. Negative Tinel's over the carpal tunnel was noted; however, there is a positive Phalen's at 45 seconds on the right, negative at 60 seconds on the left. DTRs in the lower extremity are 1+ and symmetric. There was evidence of bilateral prior bunion surgery. Hand examination showed subluxation of the thumb consistent with CMC arthritis. This is worse on the right as compared to the left. The listed diagnoses are: 1. Multiple orthopedic injury claim, superimposed on osteoarthritis. Defer to orthopedic evaluator. 2. Internal medicine complaints: Sleep problem secondary to orthopedic pain, acid reflux. The patient is permanent and stationary. Treatment plan is for physical therapy, x-ray of the bilateral neck, and EMG/NCS of the bilateral upper extremity. The utilization review denied the request on 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 to 8 sessions - bilateral neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99.

Decision rationale: This patient presents with chronic neck, low back, bilateral arms, and hand pain. The patient also suffers from acid reflux and gastritis. The current request is for physical therapy 6 to 8 sessions - bilateral neck. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The utilization review denied the request stating that "the claimant has a longstanding injury and it is unclear whether the claimant previously completed physical therapy, but there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program." The medical file provided for review includes one AME report dated 10/21/2014. The AME physician provides a review of records and indicates that the patient "has had physical therapy in the past." It appears the patient has participated in some physical therapy in the past but the number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, there is no documentation of any recent formal physical therapy. Given the patient's ongoing symptoms and reports of "worse pain in his low back pain," a course of 6 to 8 sessions to address these issues is reasonable and within MTUS Guidelines. The requested physical therapy IS medically necessary.

X-ray - bilateral neck: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: This patient presents with chronic low back, neck, bilateral shoulders, bilateral hands, and bilateral knee, and fit pain. The current request is for x-ray of the bilateral neck. The medical file provided for review includes one AME report dated 10/21/2014. According to this report, the patient has had an x-ray of the cervical spine on 11/19/2014. The radiograph report was not provided in the medical file for review nor are there any discussions regarding its results. The AME report also notes that the patient had an MRI of the neck on 01/27/2012 which showed severe degenerative disk, foraminal stenosis. ACOEM Guidelines on special studies for cervical spine pages 177, 178 states that radiographs of the C-spine are not recommended except for indications including, "emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction, failure to progress in strengthening program, and clarification of the anatomy prior to an invasive procedure." The medical file indicates the

patient has had a prior x-ray and MRI of the cervical spine. In this case, this patient does not present with any red flags, new injury, trauma, or neurological dysfunction to warrant a repeat x-ray of the neck. The guidelines do not support routine x-rays. This request IS NOT medically necessary.

EMG - NCS bilateral upper extremity: 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 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS).

Decision rationale: This patient presents with chronic low back, neck, bilateral shoulders, bilateral hands, and bilateral knee, and fit pain. The current request is for EMG/NCV of the bilateral upper extremity. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. ODG further states regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." AME report dated 10/21/14 indicates that the patient has had a MRI of the cervical spine showing advanced spondylosis and bilateral foraminal stenosis. It was noted that the patient also had an EMG which was "consistent with carpal tunnel." This patient has had an x-ray and MRI of the cervical spine as well as an EMG/NCV. There is no documentation of progressive neurological changes affecting the upper extremities to warrant a repeat EMG. The requested EMG/NCV IS NOT medically necessary.