MAXIMUS Federal Services

Case Number:	CM14-0209832		
Date Assigned:	12/22/2014	Date of Injury:	11/11/2010
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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, Washington
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:

The injured worker is a 51-year-old female who reported an injury on 11/11/2010. The mechanism of injury was noted to be continual trauma. The injured worker's diagnoses were noted to include carpal tunnel syndrome, right shoulder rotator cuff tear/impingement, and cervical pain. The pas treatments were noted to include physical therapy sessions. The official EMG of the bilateral upper extremities performed on 06/02/2014, revealed normal nerve conduction study in both upper extremities. The MRI of the left shoulder performed on 04/24/2014, revealed small partial thickness tear of the distal left supraspinatus tendon. The MRI of the right shoulder performed on 04/24/2014, revealed degenerative changes of the right acromioclavicular joint with adjacent mass effect, likely contributing to impingement, if clinical correlation is recommended, full thickness tear of the distal right supraspinatus tendon with tendinitis. The surgical history was noted to include carpal tunnel release surgery. The subjective complaints on 07/25/2014, including right shoulder pain. The physical examination revealed that the injured worker had a positive impingement sign to the right shoulder. The injured worker's medications were noted to include Norco, Cymbalta, Lidoderm, and Dexilant. The treatment plan was to order an EMG and additional physical therapy. The rationale for the request was not documented within the clinical notes. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG/NCV of the Bilateral Upper Extremities is not medically necessary. The CA MTUS/ACOEM Guidelines state that EMG and nerve conduction studies, including H reflex tests, may help identify subtle, focal neurological dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. It is documented in the clinical notes that the injured worker has already had an EMG/NCV study of the bilateral upper extremities performed on 06/02/2014, and it revealed a normal Nerve Conduction Study of both upper extremities. There was no clear rationale in the clinical notes as to why a repeat study is needed. Additionally, there was no red flags or reinjury documented in the physical exam to warrant a repeat study. Given the above, the request is not medically necessary.

Physical Therapy 2xwk X 6wks for Neck Pain: Upheld

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

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

Decision rationale: The request for physical therapy, 2 times a week x6 weeks for neck pain, is not medically necessary. The California MTUS Chronic Pain Guidelines state that for unspecified myalgia, up to 10 visits of physical therapy may be supported, and additional visits are contingent upon objective findings of functional improvement. The clinical notes indicates that the injured worker has already attended 10 sessions of physical therapy. However, there was a lack of objective functional improvement from the previous physical therapy sessions rendered. Additionally, there were no objective functional deficits documented in the physical exam for the cervical spine to warrant therapy. Given the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.