

Case Number:	CM15-0001228		
Date Assigned:	01/12/2015	Date of Injury:	03/10/2014
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on March 10, 2014. She has reported right shoulder pain from cumulative trauma injury. The diagnoses have included right shoulder impingement syndrome, rule out internal derangement and right lateral epicondylitis. Treatment to date has included diagnostic studies and medications. Currently, the injured worker complains of frequent dull, aching pain in her right shoulder. The pain radiates with numbness and tingling into her right arm, elbow, hand and fingers. She states that her shoulder pain is increased with lifting or carrying more than 5 pounds, pushing, pulling and reaching above shoulder level. She experiences stiffness and tightness in her shoulder associated with weakness in her arm, hand and fingers. She has difficulty with self-care and personal hygiene at times due to the pain. She also complained of frequent dull, aching pain in the right elbow. The pain radiated into her hand and fingers with numbness and tingling. The pain is increased with the use of her hand. She experiences difficulty with fine manipulation and weakness in the wrist. Her pain was rated as an 8 on a 1-10 pain scale. On December 9, 2014, Utilization Review modified a request for physical therapy 3x4 for the right shoulder to physical therapy to the right shoulder 2x4, noting the ODG Guidelines. On December 9, 2014, Utilization Review non-certified an EMG/NCV of the right upper extremity, noting the ODG Guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of physical therapy 3x4 for the right shoulder and EMG/NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 right shoulder: 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), Shoulder; Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, therapy for shoulder impingement can be for 10 visits over 8 weeks. In this case, the claimant had undergone numerous sessions in the prior months. There was no indication that home exercises cannot be performed. The request for additional therapy is not medically necessary.

EMG / NCV of right upper extremity: 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), Pain, Electrodiagnostic Testing (EMG/NCS); Neck & Upper Back - Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm and wrist complaints Page(s): 272. Decision based on Non-MTUS Citation Shoulder pain and Electrodiagnostic testing Forearm pain and EMG

Decision rationale: According to the ODG guidelines, EMG/NCV is indicated for thoracic outlet syndrome. An EMG is under study for arm symptoms. According to the ACOEM guidelines, NCV or EMG is not recommended in diagnostic evaluation of nerve entrapment. An NCV is recommended for median or ulnar nerve impingement after failure of conservative treatment. In this case, the symptoms are due to shoulder impingement and epicondylitis rather than median or ulnar disease. The claimant does not have a thoracic outlet syndrome. The request for the EMG and NCV is not medically necessary.