

<b>Case Number:</b>	CM15-0006291		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female with an industrial injury dated March 10, 2014. The injured worker was diagnosed with right shoulder derangement. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated November 12, 2014, the injured worker reported right upper arm pain with associated numbness. Objective findings revealed right shoulder tenderness, crepitus, restricted range of motion due to pain and a positive Neer test. The treating physician prescribed services for physical therapy for the right shoulder, three times week for four weeks and Electromyography / Nerve Conduction Studies (EMG/NCV) of the upper right extremity. Utilization Review determination on December 9, 2014 modified the request to physical therapy for the right shoulder, two times week for four weeks citing the Official Disability Guidelines. The UR denied the request for EMG/NCV of the upper right extremity, citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder, three times weekly for four weeks: 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), Physical Therapy Guidelines

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

**Decision rationale:** The patient presents with pain and weakness in her right shoulder and right upper extremity. The request is for 12 sessions of physical therapy for the right shoulder. The utilization review letter on 12/09/14 indicates that the patient has had physical therapy in the past. The patient is currently not working. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with some already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.

**EMG/NCV of the upper right extremity:** Overturned

**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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with pain and weakness in her right shoulder and right upper extremity. The request is for EMG/NCV OF THE RIGHT UPPER EXTREMITY. There is no indication provided if there were any previous EMG or NCS conducted. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has kept reporting constant pain and radiating symptoms in her right upper extremity. Given that the patient has not had these tests performed in the past and the patient's continuing radiating symptoms in her right arm, the request IS medically necessary.