

Case Number:	CM15-0100141		
Date Assigned:	06/05/2015	Date of Injury:	02/15/2012
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a February 15, 2012 date of injury. A progress note dated April 23, 2015 documents subjective findings (cervical spine sprain/strain, bilateral shoulder sprain/strain; bilateral hand pain and numbness; bilateral first and third finger numbness), objective findings (positive weakness; decreased grip strength; second finger decreased to light touch), and current diagnoses (bilateral shoulder sprain/strain; cervical sprain/strain; bilateral carpal tunnel syndrome). Treatments to date have included physical therapy (showed signs of functional improvement), electromyogram/nerve conduction velocity study, medications, and activity modifications. The treating physician documented a plan of care that included additional physical therapy for the neck, bilateral wrists, and bilateral shoulders, and a new electromyogram/nerve conduction velocity study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy twice (2) per week for three (3) weeks for the Neck, Bilateral Wrists, and Bilateral Shoulders: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week for three weeks to the neck, bilateral wrists and bilateral shoulders is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral shoulder; cervical sprain/strain; and bilateral CTS (carpal tunnel syndrome). The date of injury is February 15, 2012. The request for authorization is dated April 24, 2015. Progress note dated April 23, 2015 into the worker present for follow-up of carpal tunnel syndrome and bilateral shoulder pain. The injured worker completed six sessions of physical therapy. There were no progress notes from physical therapy or evidence of objective functional improvement. The treating provider is requesting additional physical therapy. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is currently warranted. Additionally, there is no evidence of objective functional improvement indicating additional physical third is warranted. Consequently, absent clinical documentation (prior physical therapy progress notes) with evidence of objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, additional physical therapy two times per week for three weeks to the neck, bilateral wrists and bilateral shoulders is not medically necessary.

EMG/NCV of the Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his

cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are bilateral shoulder; cervical sprain/strain; and bilateral CTS (carpal tunnel syndrome). The date of injury is February 15, 2012. The request for authorization is dated April 24, 2015. Progress note dated April 23, 2015 into the worker present for follow-up of carpal tunnel syndrome and bilateral shoulder pain. Documentation from an April 23, 2015 progress note shows the injured worker had a prior nerve conduction velocity study and EMG. The treating provider is ordering a "new bilateral EMG/NCV two compared to the old". Objectively, the injured worker has numbness in the first to the third fingers right greater than left hand. He detailed range of motion chart is in the medical record. The documentation from the old (original) EMG/NCV is not contained in the medical record. The results were notable for carpal tunnel syndrome. The injured worker has not undergone surgery for the original diagnosis of carpal tunnel syndrome. There is no clinical indication or rationale for repeating the EMG/NCV of the bilateral upper extremities. Consequently, absent clinical documentation of the first EMG/NCV with a diagnosis of carpal tunnel syndrome and a clinical indication and rationale for repeating the electrodiagnostic studies, EMG/NCV of the bilateral upper extremities is not medically necessary.