

Case Number:	CM15-0016936		
Date Assigned:	02/04/2015	Date of Injury:	03/20/2014
Decision Date:	04/08/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania, Ohio, 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 32 year old female, who sustained an industrial injury on March 20, 2014. She has reported shooting pain in the right arm while taking out garbage and also complained of low back pain. The diagnoses have included rule out cervical radiculopathy, strain of the forearm and de Quervain's syndrome and rule out right lumbar radiculopathy. Treatment to date has included electromyogram and nerve conduction study was normal. Currently, the injured worker complains of right sided arm, neck pain, headaches, insomnia and lower back pain down the right leg. In a progress note dated December 16, 2014, the treating provider reports tenderness in the right thumb, forearm and neck with good range of motion of the cervical spine and shoulders, sensory deficit in the cervical six dermatome and difficulties with bending in her lower extremities and there is a deficit noted there. On December 31, 2014 Utilization Review non-certified outpatient physical therapy six visits to right thumb, neck and low spine, Magnetic resonance imaging cervical spine, and retrospective electromyogram and nerve conduction study bilateral upper extremities, noting, American College of Occupational and Environmental Medicine Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) six (6) visits to right thumb, neck and lower spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings. This patient has a history of radicular symptoms with a right C6 sensory deficit on examination. A prior review concluded there were no supportive findings for an MRI CSPINE. However, the patient has persistent radicular symptoms with a C6 sensory deficit on exam and the absence of findings on EMG/NCV testing to explain these R UE symptoms as due to a peripheral neuropathy. A cervical MRI to assess for a possible right C6 radiculopathy is medically necessary in this setting.

Retrospective EMG/NCV bilateral upper extremities for date of service 12/16/14:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS/ACOEM recommends electrodiagnostic studies of the cervical spine/upper extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. A prior physician review recommended non-certification of

an electrodiagnostic study of December 2014 given the lack of rationale for a repeat study. The records indicate this is instead a retrospective request for an electrodiagnostic study done October 2014; the note of 12/16/14 requests retrospective approval of an EMG of 10/6/14. That 10/6/14 EMG/NCV was done due to radicular symptoms with a C6 sensory deficit on exam. These findings do support an indication for the requested EMG/NCV study. This request is retrospectively medically necessary.