

Case Number:	CM15-0133740		
Date Assigned:	07/21/2015	Date of Injury:	12/10/2014
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina, Georgia
 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 64 year old male patient who sustained an industrial injury on 12/10/2014. The initial report of illness dated 12/11/2014 reported the patient with subjective complaint of having had a head contusion, neck pain, thoracic and lumbar spine pain and left shoulder pain. The following treating diagnoses were applied: thoracic strain; lumbar strain; neck strain; left shoulder strain; scalp contusion, and abrasion. He was given a lumbar support brace, prescribed Tylenol, Orudis, and Norflex, application of ice and Mineral Ice dispensed. He was prescribed returning to a modified work duty. A recent primary treating office visit dated 06/22/2015 reported the patient prescribed off work duty through 08/06/2015. He had subjective complaint of having sharp headaches, constant neck pain, constant back pain that radiates from the upper region to the lumbar area. He is also with complaint of lower back pain that radiates into the left leg and left shoulder pain that radiates into the arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x 12 sessions for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self directed exercise program as do land based therapies. The medical records in this case document no intolerance of land based physical therapy. Aquatic therapy is not medically necessary and the original UR decision is upheld.

EMG/NCV of the bilateral upper extremities (BUE): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Neck Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant has radicular symptoms which have persisted after conservative therapy. EMG/NCV of upper extremities are medically necessary.