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| Case Number: | CM15-0136367 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 05/19/2014 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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, Hawaii

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 26 year old female, who sustained an industrial injury on 5/19/14. She has reported initial complaints of right shoulder and bilateral wrist injuries. The diagnoses have included right shoulder adhesive capsulitis, right shoulder impingement syndrome, and left wrist strain/sprain. Treatment to date has included diagnostics, physical therapy, work restrictions and splinting. Currently, as per the physician progress note dated 5/5/15, the injured worker complains of right shoulder pain associated with locking, grinding and swelling and left wrist pain and aching and associated with weakness and numbness. The diagnostic testing that was performed included x-rays of the right shoulder and bilateral wrists. The physical exam reveals tenderness over the deltoid bursae and glenohumeral joint of the right shoulder and decreased range of motion was noted. The ranges of motion of the right and left wrist were abnormal. There was previous therapy sessions noted. The current medications included Naproxen. Work status is temporarily totally disabled. The physician requested treatments included electromyography (EMG) /nerve conduction velocity studies (NCV) of upper extremities and Physical therapy 3 x 4 bilateral wrists and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-260-262.

Decision rationale: The IW has received a course of conservative care since her injury on 5/19/2014. ACOEM, chapter 11 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. 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." There were no medical records provided with the IMR request to review. Since there is no record of prior EMG/NCS, electrodiagnostic studies are indicated to determine if the IW's symptoms of numbness and weakness are due to cervical radiculopathy vs. entrapment neuropathy. The request is medically necessary.

Physical therapy 3 x 4 bilateral wrists and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

Decision rationale: The current request is for physical therapy 3 times a week for 4 weeks (12 total) to the bilateral wrists and right shoulder. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, there is no rationale provided to indicate why the IW is not able to transition into a self-directed home exercise program. In addition, there is no new report of new injury, new surgery or new diagnoses that substantiate the current request for additional sessions. The request is not medically necessary.