

Case Number:	CM15-0142623		
Date Assigned:	08/03/2015	Date of Injury:	03/01/2011
Decision Date:	09/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/22/2015

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 33-year-old female, who sustained an industrial injury on 3-1-11. The injured worker has complaints of right shoulder pain. The documentation noted tenderness to right shoulder diffusely and right shoulder range of motion limited with pain. The diagnoses have included rotator cuff syndrome of shoulder and allied disorders. Treatment to date has included right shoulder arthroscopy in February 2015; non-steroidal anti-inflammatory drugs (NSAIDs); injections; physical therapy; home exercise program and activity modifications. The request was for physical therapy for the right shoulder, three times a week for four weeks; extracorporeal shock wave therapy for the right shoulder; electromyography/nerve conduction velocity study of the left upper extremity and right upper extremity.

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 a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: The patient presents on 06/11/15 with right shoulder pain rated 8/10, right medial elbow pain rated 6/10, right wrist pain rated 7/10, and cervical spine pain rated 8/10. The patient's date of injury is 03/01/11. Patient is status post right shoulder arthroscopy in February 2015. The request is for PHYSICAL THERAPY FOR THE RIGHT SHOULDER, THREE TIMES A WEEK FOR FOUR WEEKS. The RFA was not provided. Physical examination dated 06/11/15 reveals diffuse tenderness in the right shoulder, limited range of motion in the right shoulder, positive impingement signs in an unspecified extremity, and atrophy in the deltoid musculature of an unspecified extremity. The provider also notes "unchanged" right elbow examination, spasms of the deltoid and trapezius muscles of an unspecified extremity, and decreased sensation in the right shoulder, and hyperesthesia from 5 cm distal of the right shoulder. The patient is currently prescribed Tramadol and Cyclobenzaprine. Patient is currently classified as temporarily totally disabled for 4 weeks. MTUS Guidelines Physical Medicine Section, pages 98, 99 has the following: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In regard to 12 physical therapy sessions for the right shoulder, the requesting physician has exceeded guideline recommendations. There is some discussion in the documentation if this patient has completed an unspecified number of PT treatments to date, as the provider notes during progress report dated 06/11/15 stating: "Recalls failed injection, physical therapy, home exercise, activity modification..." In this case, the patient is approximately 4 months post-op right shoulder arthroscopy, therefore chronic pain guidelines apply. Were the request for 10 sessions, the recommendation would be for approval. However, the request for 12 sessions in the post-acute phase exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.

Extracorporeal Shock Wave Therapy for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT).

Decision rationale: The patient presents on 06/11/15 with right shoulder pain rated 8/10, right medial elbow pain rated 6/10, right wrist pain rated 7/10, and cervical spine pain rated 8/10. The patient's date of injury is 03/01/11. Patient is status post right shoulder arthroscopy in February 2015. The request is for EXTRACORPOREAL SHOCK WAVE THERAPY FOR THE RIGHT SHOULDER. The RFA was not provided. Physical examination dated 06/11/15 reveals diffuse tenderness in the right shoulder, limited range of motion in the right shoulder, positive impingement signs in an unspecified extremity, and atrophy in the deltoid musculature of an unspecified extremity. The provider also notes "unchanged" right elbow examination, spasms of the deltoid and trapezius muscles of an unspecified extremity, and decreased sensation in the right shoulder, and hyperesthesia from 5 cm distal of the right shoulder. The patient is currently prescribed Tramadol and Cyclobenzaprine. Patient is currently classified as temporarily totally disabled for 4 weeks. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. Criteria for the use of Extracorporeal Shock

Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. Official disability guidelines recommend ESWT treatments solely for calcifying tendinitis. Per progress note dated 06/11/15, the provider lists the following diagnosis: "Tendinopathy / tendinitis / calcific tendinitis right shoulder." A rationale for the request is also provided: "Concern in regards to decline in range of motion with impending adhesive capsulitis... This is to serve as a formal request for extracorporeal shock wave therapy to treat refractory calcifying tendinitis right shoulder... 2000 shocks at the level 2 1.4 bar per treatment session." This patient has failed post-operative physical therapy, NSAID medications, and rest. The request for ESWT would appear to be indicated given the diagnosis of calcific tendinitis. However, ODG contraindicates ESWT for "Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition." In this case, there is no imaging documentation to support the diagnosis, treater is requesting physical therapy concurrent to the request and the patient is post-operative. Therefore, the request IS NOT medically necessary.

Electromyography Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The patient presents on 06/11/15 with right shoulder pain rated 8/10, right medial elbow pain rated 6/10, right wrist pain rated 7/10, and cervical spine pain rated 8/10. The patient's date of injury is 03/01/11. Patient is status post right shoulder arthroscopy in February 2015. The request is for ELECTROMYOGRAPHY LEFT UPPER EXTREMITY. The RFA was not provided. Physical examination dated 06/11/15 reveals diffuse tenderness in the right shoulder, limited range of motion in the right shoulder, positive impingement signs in an unspecified extremity, and atrophy in the deltoid musculature of an unspecified extremity. The provider also notes "unchanged" right elbow examination, spasms of the deltoid and trapezius muscles of an unspecified extremity, and decreased sensation in the right shoulder, and hyperesthesia from 5 cm distal of the right shoulder. The patient is currently prescribed Tramadol and Cyclobenzaprine. Patient is currently classified as temporarily totally disabled for 4 weeks. ACOEM Practice Guidelines, Chapter 11, page 260-262 states: "Appropriate electro diagnostic 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." In regard to an EMG study to be performed on the left upper extremity, the provider has not stated a reason for the request. This patient presents post-operatively with complaints in the right upper extremity. The examination

findings do not clearly document pathology in the left upper extremity. Without a diagnosis pertinent to the left upper extremity, or clear examination findings of neurological deficit to the left side, the request for an EMG of the left upper extremity cannot be substantiated. The request IS NOT medically necessary.

Nerve Conduction Velocity Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents on 06/11/15 with right shoulder pain rated 8/10, right medial elbow pain rated 6/10, right wrist pain rated 7/10, and cervical spine pain rated 8/10. The patient's date of injury is 03/01/11. Patient is status post right shoulder arthroscopy in February 2015. The request is for NERVE CONDUCTION VELOCITY LEFT UPPER EXTREMITY. The RFA was not provided. Physical examination dated 06/11/15 reveals diffuse tenderness in the right shoulder, limited range of motion in the right shoulder, positive impingement signs in an unspecified extremity, and atrophy in the deltoid musculature of an unspecified extremity. The provider also notes "unchanged" right elbow examination, spasms of the deltoid and trapezius muscles of an unspecified extremity, and decreased sensation in the right shoulder, and hyperesthesia from 5 cm distal of the right shoulder. The patient is currently prescribed Tramadol and Cyclobenzaprine. Patient is currently classified as temporarily totally disabled for 4 weeks. ACOEM Practice Guidelines, Chapter 11, page 260-262 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. In regard to an NCV study to be performed on the left upper extremity, the provider has not stated a reason for the request. This patient presents post-operatively with complaints in the right upper extremity. The examination findings do not clearly document pathology in the left upper extremity. Without a diagnosis pertinent to the left upper extremity, or clear examination findings of neurological deficit to the left side, the request for an NCV of the left upper extremity cannot be substantiated. The request IS NOT medically necessary.

Nerve Conduction Velocity Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents on 06/11/15 with right shoulder pain rated 8/10, right medial elbow pain rated 6/10, right wrist pain rated 7/10, and cervical spine pain rated 8/10. The patient's date of injury is 03/01/11. Patient is status post right shoulder arthroscopy in February 2015. The request is for NERVE CONDUCTION VELOCITY RIGHT UPPER EXTREMITY. The RFA was not provided. Physical examination dated 06/11/15 reveals diffuse tenderness in the right shoulder, limited range of motion in the right shoulder, positive impingement signs in

an unspecified extremity, and atrophy in the deltoid musculature of an unspecified extremity. The provider also notes "unchanged" right elbow examination, spasms of the deltoid and trapezius muscles of an unspecified extremity, and decreased sensation in the right shoulder, and hyperesthesia from 5 cm distal of the right shoulder. The patient is currently prescribed Tramadol and Cyclobenzaprine. Patient is currently classified as temporarily totally disabled for 4 weeks. ACOEM Practice Guidelines, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." ACOEM Practice Guidelines, Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electro diagnostic 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." In regard to the EMG to the right upper extremity, the request is appropriate. There is no documentation that this patient has undergone EMG/NCV studies of the upper extremities to date. Progress notes establish that this patient has been experiencing neck pain with some symptoms of neurological dysfunction in the right upper extremity. Given this patient's surgical history, neurological complaints, and a lack of EMG/NCV studies to date, the request for an EMG study is substantiated. The request IS medically necessary.

Electromyography Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents on 06/11/15 with right shoulder pain rated 8/10, right medial elbow pain rated 6/10, right wrist pain rated 7/10, and cervical spine pain rated 8/10. The patient's date of injury is 03/01/11. Patient is status post right shoulder arthroscopy in February 2015. The request is for ELECTROMYOGRAPHY RIGHT UPPER EXTREMITY. The RFA was not provided. Physical examination dated 06/11/15 reveals diffuse tenderness in the right shoulder, limited range of motion in the right shoulder, positive impingement signs in an unspecified extremity, and atrophy in the deltoid musculature of an unspecified extremity. The provider also notes "unchanged" right elbow examination, spasms of the deltoid and trapezius muscles of an unspecified extremity, and decreased sensation in the right shoulder, and hyperesthesia from 5 cm distal of the right shoulder. The patient is currently prescribed Tramadol and Cyclobenzaprine. Patient is currently classified as temporarily totally disabled for 4 weeks. ACOEM Practice Guidelines, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." ACOEM Practice Guidelines, Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electro diagnostic 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." In regard to the EMG to the right upper extremity, the request is appropriate. There is no documentation that this patient has undergone EMG/NCV studies of the upper extremities to date. Progress notes establish that this patient has been experiencing neck pain with some symptoms of neurological dysfunction in the right upper extremity. Given this patient's surgical history, neurological complaints, and a lack of EMG/NCV studies to date, the request for an EMG study is substantiated. The request IS medically necessary.