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| Case Number: | CM15-0149517 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 06/26/2014 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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, Pain Management

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 62 year old male who sustained an industrial injury on June 26, 2014. The worker was employed as an assistant team leader for a security company. The accident was described as while working, driving stopped at a red light he was struck on the driver's side just as he began to initiate movement upon green light and resulting in injury. A primary treating office visit dated April 30, 2015 reported subjective complaint of intermittent low back pain. He has been using Motrin twice daily for relief. He is still experiencing blurred vision. Objective findings showed lumbar spine with restricted range of motion secondary to pain. The following diagnoses were applied: bilateral shoulder sprain; cervical sprain; history of loss of consciousness, and lumbosacral sprain. The plan of care noted following through with authorized chiropractic treatment pending scheduling; pending magnetic resonance imaging of bilateral shoulder, cervical and lumbar spine; neurology consultation. He is to return to full duty April 30, 2015. At a follow up dated July 13, 2015 he was deemed as having met maximal medical improvement and deemed as permanent and stationary. The plan of care noted completion of chiropractic sessions without change in symptom and note of previous physical therapy session which had some benefit. Therefore additional physical therapy session is recommended. On May 28, 2015 the plan of care noted recommending additional chiropractic session in an effort to provide further pain relief and functional improvement along with undergoing magnetic resonance studies of the cervical, lumbar spine, bilateral shoulders. He should also have a neurological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x3 Cervical, Lumbar, Bilateral Shoulder: 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): 99.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is a statement that 12 previous session of PT helped the patient last year, but no comprehensive summary of what functional benefit the worker gained from PT. This objective benefit could include factors such as a reduction in work restrictions. Therefore additional physical therapy is not medically necessary.

EMG/NCV LUE: Upheld

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

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 Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCS of the upper extremity, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities 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. The nerve conduction component of an electrodiagnostic study measures the amplitude, conduction velocity, waveform, and latency of sensory and motor nerves. Within the documentation available for review, there are no recent physical examinations that demonstrate neurologic deficits of the area proposed to be studied (left upper extremity). In fact, a progress note from 7/13/15 documents normal sensory and motor testing of the upper extremities and cervical dermatomes. Given this, the currently request is not medically necessary.