

Case Number:	CM15-0163172		
Date Assigned:	08/31/2015	Date of Injury:	02/09/2015
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This 53-year-old male sustained an industrial injury on 2-09-15. He subsequently reported head, neck and knee pain. Diagnoses include leg joint pain. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of neck pain. Upon examination, antalgic gait was noted. Cervical range of motion is reduced. Tenderness to palpation and spasm is noted in the paravertebral muscles on the right. Tenderness is noted in the paracervical, rhomboids and trapezius muscles. Spurling's maneuver caused pain and cervical facet loading was positive on the right. Right shoulder examination revealed reduced range of motion and Hawkin's, Neer's and Drop arm tests were positive. The treating physician made a request for Electromyography and nerve conduction velocity studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and nerve conduction velocity studies of the bilateral upper extremities:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Neck & Upper Back, Electromyography (EMG), Nerve Conduction Studies (NCS).

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

Decision rationale: The patient presents with pain in the right knee, right elbow and right shoulder. The current request is for 6 sessions of physical therapy (PT) for the cervical spine, right shoulder, leg and elbow. The UR dated 7/21/15 (4A) states the patient has completed 10 sessions of PT. The treating physician states on 7/6/15 (9B), the patient "needs to continue with physical therapy." The Supplemental Note from the treating Physical Therapist dated 8/26/15 (6B) indicates the patient should continue PT to allow participation in ADL's, tolerate full work duty, increase ROM and achieve the functional strength necessary for ADL's and work. This report notes it was the patient's fifteenth visit and that progress has been slow but there was improvement in the right shoulder mechanics. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.