

<b>Case Number:</b>	CM15-0190574		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 30 year old female, who sustained an industrial injury on 12-01-2014. The injured worker is currently working with modifications. Medical records indicated that the injured worker is undergoing treatment for right shoulder sprain, lumbar spine sprain, and right lateral epicondylitis. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Ibuprofen. No physical therapy reports noted in received medical records. After review of progress notes dated 06-23-2015 and 07-21-2015, the injured worker reported pain to cervical spine, right shoulder, right trapezius-elbow, and lumbar spine. The treating physician noted that the injured worker showed "no improvement with physical therapy until last visit". Objective findings included tenderness to palpation to right trapezius-elbow and lumbar areas. The request for authorization dated 09-09-2015 requested MRI of cervical spine without contrast, electromyography-nerve conduction velocity studies of bilateral upper extremity, and physical therapy x 12 (2wk for 6wks). The Utilization Review with a decision date of 09-17-2015 denied the request for electromyography-nerve conduction velocity studies to bilateral upper extremities and lumbar physical therapy 3x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** EMG/NCV bilateral upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. The documentation is not clear on the need for electrodiagnostic testing of the bilateral upper extremities. The physical exam findings and complaints do not discuss objective/subjective left upper extremity symptoms that require electrodiagnostic testing of this limb. This request is therefore not medically necessary.

**Lumbar Physical therapy 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Lumbar Physical therapy 3x4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and a transition to an independent home exercise program. The request exceeds this recommended number. There are no extenuating factors which would necessitate 12 supervised therapy visits therefore this request is not medically necessary.