

<b>Case Number:</b>	CM15-0191408		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old male, who sustained an industrial injury on 6-29-2010. The injured worker is undergoing treatment for status post arthroscopic right knee surgery with residual internal derangement, chronic cervical and thoracic myofascial pain syndrome left shoulder sprain with internal derangement, pain numbness and weakness of upper extremities and cervical radiculopathy versus carpal tunnel syndrome. Medical records dated 8-31-2015 indicate the injured worker complains of neck pain rated 6-8 out of 10, worsening pain and numbness in both arms and hands, worsening weakness of left arm and hand, less feeling in the right hand, right knee pain rated 6-7 out of 10, left shoulder pain rated 6-8 out of 10, back pain rated 5-6 out of 10, pain and numbness of bilateral lower extremities and sleep disturbance due to pain (pain rating is without medication). Physical exam dated 8-31-2015 notes ambulation is with a cane, decreased cervical range of motion (ROM), myofascial trigger points of the cervical paraspinal, trapezius, scapulae and infraspinatus area, shoulder decreased range of motion (ROM), positive shoulder impingement, thoracic and lumbar trigger myofascial points, decreased range of motion (ROM) of the knees and positive Apley's and McMurray's. Treatment to date has included physical therapy, knee surgery magnetic resonance imaging (MRI), acupuncture, pain management, Orphenadrine, Tramadol and hydrocodone-APAP. The original utilization review dated 9-22-2015 indicates the request for electromyogram-nerve conduction velocity (NCV) of the upper extremities, steroid injection of the left shoulder and gym membership with pool for 3 months is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the upper extremities:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant does have foraminal narrowing at several levels on a Cervical spine MRI but no mention of cord involvement. The claimant does have decreased sensation in the left hand and a positive neck compression test. The request for the EMG is medically necessary to determine central vs. peripheral nerve involvement.

**Steroid injection of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, 2-3 injections are recommended for shoulder impingement and rotator cuff injuries. Prolonged and repeat injections are not recommended. In this case, the claimant does have cord impingement findings on exam. The claimant did have multiple prior injections in January and March of this year. The request for additional injections is not medically necessary.

**Gym membership with pool for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 09/08/15) - Online Version, Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 53.

**Decision rationale:** There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The 3 month gym membership with pool exceeds amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.