

Case Number:	CM15-0212227		
Date Assigned:	11/02/2015	Date of Injury:	05/17/2012
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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: New Jersey
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:

This 55 year old male sustained an industrial injury on 5-17-12. Documentation indicated that the injured worker was receiving treatment for chronic myofascial pain syndrome, chronic right knee and hip pain, chronic regional pain syndrome and depression. Previous treatment included physical therapy, chiropractic therapy, one injection, psychiatric care and medications. In a PR-2 dated 9-17-15, the injured worker complained of ongoing burning pain in the right leg and hip as well as upper and lower back pain, rated 8 to 9 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. The injured worker also reported that he had been feeling severely depressed and having problems sleeping without medications. Physical exam was remarkable for lumbar spine with multiple myofascial trigger points and taut bands, positive Romberg, decreased right foot and leg sensation and 4 out of 5 right foot dorsiflexion and plantar flexion. The injured worker was not able to move his right hip at all, walked with the aid of a cane, could not perform tandem gait with his eyes closed and could not heel-toe walk with the right leg. The treatment plan included continuing medications (Neurontin, Tylenol with Codeine and Wellbutrin), swimming pool exercises daily and performing deep breathing meditation as a relaxation technique. On 10-1-15, a request for authorization was submitted for right upper extremity nerve conduction velocity test and electromyography, office visit follow-up, orthopedic consultation for the right hip, swimming pool gym membership and medications (Tylenol #3, Wellbutrin and Neurontin). On 10-9-15, Utilization Review noncertified a request for right upper extremity nerve conduction velocity test and electromyography and a swimming pool gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV upper extremity right: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was a complaint of upper and lower back pain in addition to his usual hip and leg pain, which was chronic. There was no complaint of any arm symptoms. Documented physical findings did not include any right arm decreases sensation, reflexes, or strength, and no provocative cervical spinal testing was seen as having been performed. Therefore, it appears that there was no documented indication for any nerve testing of any kind for the upper extremities, and this request for NCV of the upper extremity right is not medically necessary.

EMG upper extremity right: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was a complaint of upper and lower back pain in addition to his usual hip and leg pain, which was chronic. There was no complaint of any arm symptoms. Documented physical findings did not include any right arm decreases sensation, reflexes, or strength, and no provocative cervical spinal testing was seen as having been performed. Therefore, it appears that there was no documented indication for any nerve testing of any kind for the upper extremities, and this request for EMG of the upper extremity right is not medically necessary.

Swimming pool gym membership (days) #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter - Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/lowback/knee and leg sections, Gym membership.

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for hip, back, or leg injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. The provider, in the case of this worker, recommended aquatic physical exercises in a pool and requested a gym membership to attend a pool for these for the purpose of strengthening and "moral." The provider also recommended home stretches. No mention of any difficulty performing home exercises was included in the recent notes provided to suggest aquatic exercises over land-based exercises was medically necessary. There was also no mention in the notes regarding who would supervise the exercises. Therefore, this request for a gym membership is not medically necessary at this time.