

Case Number:	CM15-0214056		
Date Assigned:	11/03/2015	Date of Injury:	10/04/2012
Decision Date:	12/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

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:

This injured worker is a 43 year old female who reported an industrial injury on 10-4-2012. Her diagnoses, and or impressions, were noted to include: sprain of shoulder- upper extremity, sub-scapularis muscle, and intra-spinatus muscle-tendon; frozen right shoulder; superior glenoid labrum lesion; bilateral shoulder bursitis; cumulative trauma from repetitive motion; joint disorder; and cervicalgia (from a 12-12-14 MVA). No x-rays or imaging studies were noted, but were said to have been done. Her treatments were noted to include: a comprehensive medical-legal evaluation on 6-11-2015; diagnostic x-ray and MRI studies; right shoulder "SLAP" surgery; physical therapy with Jacuzzi; injection therapy to the bilateral shoulders; TENS unit therapy; 12 sessions of acupuncture; medication management; and a return to full work duties. The progress notes of 9-22-2015 reported: a return visit with improved shoulder and neck pain, rated 7 out of 10, with right trapezius muscle tenderness; sleeping 5-7 hours per night; that her trigger point injections had been cancelled; and that she was doing a lot of typing at her job, and finding it stressful. The objective findings were noted to include: no acute distress; some left ACL and lateral aspect of the left elbow tenderness, with positive Tinel's sign, with whole hand numbness; and positive Tinel's sign, left > right, wrist. The physician's requests for treatment were noted to include a second request for EMG of the bilateral wrists-arms. The progress notes of 8-25-2015 noted decreased right shoulder range-of-motion secondary to pain, and negative Tinel's sign in the bilateral wrists. The Request for Authorization, dated 8-10-2015, was noted for 8 physical therapy sessions to include aquatic therapy; and EMG for the bilateral upper extremities. The

Utilization Review of 9-28-2015 non-certified the request for: 8 physical therapy sessions to include aqua therapy; and EMG for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to include aquatic therapy Qty. 8: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Shoulder (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a cumulative trauma work injury while using a computer with date of injury in October 2012 and is being treated for bilateral shoulder and upper extremity pain. When seen in September 2015 she was having shoulder and neck pain rated at 7/10. She had undergone chiropractic manipulation of the lumbar spine after a fall. Physical examination findings included a body mass index over 29. There was left elbow tenderness. Tinel's testing was positive bilaterally. Electrodiagnostic testing and aquatic therapy is being requested. The assessment references concern about possible malingering. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, although the claimant is obese, there is no co-morbid condition that would be expected to preclude effective land based treatments. The requested pool therapy is not medically necessary.

EMG for bilateral upper extremities Qty. 1: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Forearm, Wrist, Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a cumulative trauma work injury while using a computer with date of injury in October 2012 and is being treated for bilateral shoulder and upper extremity pain. When seen in September 2015 she was having shoulder and neck pain rated at 7/10. She had undergone chiropractic manipulation of the lumbar spine after a fall.

Physical examination findings included a body mass index over 29. There was left elbow tenderness. Tinel's testing was positive bilaterally. Electrodiagnostic testing and aquatic therapy is being requested. The assessment references concern about possible malingering. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has physical examination findings that support a diagnosis of carpal tunnel syndrome. Her mechanism of injury would be consistent with this disease. There is concern about possible malingering and electrodiagnostic testing would provide an objective means of assessing the claimant's condition. Testing has been requested since April 2015. Guidelines recommend that nerve conduction studies should not be performed without needle electromyography except in unique circumstances and that electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. The term EMG is commonly used to refer to an electrodiagnostic evaluation, which is what is being requested. The request is medically necessary.