

Case Number:	CM15-0221363		
Date Assigned:	11/16/2015	Date of Injury:	03/24/2011
Decision Date:	12/23/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/10/2015

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

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:

The injured worker is a 58 year old male who sustained a cumulative industrial injury on 03-24-2011. A review of the medical records indicated that the injured worker is undergoing treatment for lumbago, lumbar disc displacement, and lumbar radiculopathy, bilateral shoulder impingement syndrome, left shoulder tenosynovitis, right lateral epicondylitis and enthesopathy of the right elbow area. According to the treating physician's progress report on 08-26-2015, the injured worker continues to experience low back pain with numbness rated at 7 out of 10, left shoulder pain and numbness rated at 6 out of 10 and right elbow pain rated at 5 out of 10 on the pain scale. Examination of the lumbar spine documented range of motion at 50 degrees flexion with extension and bilateral lateral bending decreased by 5 degrees of normal at each plane. Straight leg raise causes pain bilaterally. The left shoulder had decreased range of motion noted as flexion at 140 degrees, extension at 30 degrees, abduction at 90 degrees, adduction, external and internal rotation at 40 degrees each. Shoulder apprehension test was positive and supraspinatus press caused pain. The right elbow range of motion was 120 degrees flexion and 0 degrees extension. Cozen's test caused pain and gripping caused pain in the right elbow. Official reports of a left shoulder magnetic resonance imaging (MRI) performed on 05-16-2015; left elbow MRI performed on 05-13-2015 and MRI of the lumbar spine performed on 05-12-2015 were included in the review. Prior treatments have included diagnostic testing, extracorporeal shockwave therapy for the right elbow, cortisone injections to the left shoulder, lumbar epidural steroid injection and medications. There was no documentation of previous therapeutic modalities used. Current medications were listed as Naproxen and Protonix. Treatment plan consists of continuing medications and the current request for physical therapy twice a week for 6 weeks to the right elbow and left shoulder, acupuncture therapy twice a week for 6 weeks to the right elbow and left

shoulder and Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities. On 10-19-2015 the Utilization Review determined the request for physical therapy twice a week for 6 weeks to the right elbow and left shoulder, acupuncture therapy twice a week for 6 weeks to the right elbow and left shoulder and Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 right elbow and Left Shoulder: 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: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 8-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2011 injury. Submitted reports have not adequately demonstrated the indication to support excessive quantity of physical therapy beyond guidelines recommendation when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2x6 right elbow and Left Shoulder is not medically necessary and appropriate.

Acupuncture 2x6 right elbow and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture to the elbow and shoulder. The patient has been previous physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2011 injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective

functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial or flare-up for 12 sessions. The Acupuncture 2x6 right elbow and left shoulder is not medically necessary and appropriate.

EMG /NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any acute symptoms, new injury or progressive clinical findings to suggest any change in diagnosis lumbar radiculopathy or for diagnosis entrapment syndrome. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any change in lumbar radiculopathy s/p epidural without relief, but only with continued chronic pain with tenderness, limited range without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCS Bilateral Lower Extremities is not medically necessary and appropriate.