

<b>Case Number:</b>	CM15-0034613		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 28 year old male, who sustained an industrial injury on February 14, 2014. He has reported repetitive work injury. The diagnoses have included sprain of unspecified site of shoulder and upper arm. Treatment to date has included electrodiagnostic studies, medications, occupational therapy, physical therapy, and ultrasound. Currently, the IW complains of continued bilateral shoulder and bilateral elbow pain. He rates his shoulder pain as 4-9/10, and indicates he has popping with motion. He rates his bilateral elbow pain as 3-6/10, and indicates he has numbness and tingling. In addition he reports continued bilateral hand and wrist pain, which he rates as 2-5/10, and indicates he has weakened gripping, and difficulty holding objects. Physical findings revealed decreased range of motion with tenderness noted of the shoulders. Impingement sign was negative. The elbows have tenderness over the joint, and range of motion was within normal limits. The wrists were determined to be within normal limits. The 7-8 completed physical therapy sessions were noted to be of some benefit. The completed electrodiagnostic studies in April 2014 were indicated to be negative for carpal tunnel syndrome or nerve entrapment. On January 20, 2015, Utilization Review non-certified electromyogram and nerve conduction velocity of the bilateral upper extremities, and 12 sessions of physiotherapy for the bilateral wrists, shoulders and elbow. The MTUS guidelines were cited. On February 19, 2015, the injured worker submitted an application for IMR for review of electromyogram and nerve conduction velocity of the bilateral upper extremities, and 12 sessions of physiotherapy for the bilateral wrists, shoulders and elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of physiotherapy for the bilateral wrists, shoulders and elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the attached medical records the injured employee has already participated in 12 sessions of physical therapy for the upper extremities. The California MTUS guidelines recommends up to 10 visits of physical therapy followed by home exercise for the injured employees condition of wrist, elbow, and shoulder pain. Considering the previous treatment rendered, this request for an additional 12 sessions of physiotherapy is not medically necessary.

**One (1) electromyogram and nerve conduction velocity of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** A review of the attached medical records indicates that the injured employee has had previously nerve conduction studies performed recently on April 22, 2014. The results of the test were normal. It is not stated that the injured employee symptoms have changed or worsened since the date of this study. Without additional justification, this request for EMG and NCV studies of the bilateral upper extremities is not medically necessary.