

Case Number:	CM15-0051758		
Date Assigned:	03/25/2015	Date of Injury:	10/01/2012
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 52-year-old male who sustained an industrial injury on October 1, 2012. He has reported injury to the left shoulder and has been diagnosed with adhesive capsulitis of the right shoulder, aftercare for musculoskeletal system surgery, and non-traumatic tear of extensor tendon of the right forearm. Treatment has included surgery, physical therapy, active release treatment, chiropractic care, medical imaging, and medications. Currently the injured worker had persistent ripping and tearing to the right elbow. The hand remained diffusely painful as well. The treatment request included NCS/EMG of the right upper extremity and chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS/EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Guidelines state electrodiagnostic testing is indicated when severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and if there is a failure to respond to conservative treatment. In this case, although the patient reported improvement with previous treatments, specific treatment modalities were not listed. Further, there is no indication that the patient had undergone any conservative treatment for the right elbow. Thus, the request for NCS/EMG right upper extremity is not medically appropriate and necessary.

Chiropractic Visits x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: Guidelines state that chiropractic therapy is supported for the low back but is not recommended for the ankle, foot, carpal tunnel, forearm, wrist, hand and knee. Treatment is recommended for 4-6 sessions within 8 weeks. In this case, the patient complains of upper extremity pain. Thus, the request for chiropractic therapy x 6 is not medically appropriate and necessary.