

Case Number:	CM15-0240503		
Date Assigned:	12/17/2015	Date of Injury:	08/27/2015
Decision Date:	01/21/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/09/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 38 year old female who sustained an industrial injury on 8-27-15. A review of the medical records indicates she is undergoing treatment for left greater than right upper extremity pain and paresthesia and possible sciatica of the left leg. Medical records (8-31-15, 9-8-15, 9-14-15, 9-28-15, 10-12-15, and 11-12-15) indicate ongoing complaints of bilateral arm pain with associated numbness in the left hand and wrist and left leg pain that radiates from the hip to the foot with associated numbness. She reports difficulty walking. The records indicate that she is not working, although light duty has been recommended. The 9-8-15 record indicates that, although modified work restrictions were in place, she was working full duty and experiencing numbness and cramping in her left leg, left arm, right wrist, and bilateral hands on completion of her shifts. The provider indicates on 10-12-15 that he sees "no reason she can't go back to light duty" in regards to her work status. The 11-12-15 record indicates that the provider "believes that she is not working". The physical exam (10-12-15) reveals that the injured worker "appears in no distress, moving normally". Her low back is noted to be "minimally tender". Range of motion is noted to be "nearly full". She is noted to complain of decreased sensation over the left leg in the S1 distribution. Reflexes are noted to be "2+ and symmetrical at the patella and Achilles". Muscle strength is "5 out of 5". The straight leg raise is negative. Diagnostic studies have included x-rays of the left knee and left ankle. Treatment has included medications. Treatment recommendations are for physical therapy and an EMG-NCV of bilateral lower extremities (10-12-15). The 11-12-15 record indicates that "authorization for a nerve study and neurology evaluation" has been received. She has received 3 out of 6 scheduled physical therapy sessions and is noted to "think this has not changed anything". Treatment recommendations include continuation of physical therapy and await nerve studies. An EMG-NCV study of bilateral lower extremities was completed on 11-17-15 and was normal. The

utilization review (12-9-15) includes requests for authorization of physical therapy x 6 sessions for the low back and EMG-NCs of bilateral upper and lower extremities. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions low back: 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: According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case the worker has already performed at least 3 of 6 approved physical therapy visits. There is no objective documentation of objective functional benefit, decreased pain scores, decreased medication usage or that there has been any improvement in symptoms. There is no documented reason why she cannot be transitioned to a home exercise program. The request for additional physical therapy exceeds the recommended number of visits and is not medically necessary.

EMG (Electromyography)/NCS (Nerve Conduction Studies) bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." Surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived. Surgical decompression of the median nerve usually has a high rate of long-term success in relieving symptoms, with many studies showing success in over 90% of patients where the diagnosis of CTS has been confirmed by electrodiagnostic testing. ODG recommends that NCS should be done to support the diagnosis of CTS prior to surgery in workers' compensation cases. If an individual has appropriate responses to treatment (i.e. injections, modification of activities, meds) but still has symptoms with normal NCS, surgery may be appropriate on a case-by-case basis and reasonable documentation by the treating physician. In this case there is evidence carpal tunnel syndrome in the submitted records to warrant NCS or EMG. The clinical note from 11/30/15 documents a positive Phalen's test and decreased sensation in her right hand but clearly document that she has already had NCS/EMG performed of the upper and lower extremities. The results of the upper extremity EMG/NCS is not in the submitted documentation. There is no indication why a second study need to be performed. The request is not medically necessary.

EMG (Electromyography)/NCS (Nerve Conduction Studies) bilateral lower extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy." According to the ODG-TWC low back section, EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the documentation indicates the injured worker had an EMG of bilateral lower extremities on 11/17/15 and was normal. There is no documentation which reports a significant change in symptoms to warrant a repeat study. Therefore the request of the electrodiagnostic studies is not medically necessary.