

Case Number:	CM14-0165686		
Date Assigned:	10/10/2014	Date of Injury:	05/21/2013
Decision Date:	11/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female who reported an injury on 05/21/2013. The mechanism of injury was not provided. The injured worker underwent x-rays of the right shoulder and treatments included physical therapy. The documentation of 09/09/2014 revealed the injured worker had constant pain in the cervical spine, low back, right knee, and bilateral ankle and foot. The patient injured worker indicated she fell 2 to 3 times per week. The physical examination revealed the range of motion of the cervical spine was limited by pain. The Spurling's maneuver was positive and there was a positive axial loading compression test. There was palpable paravertebral muscle tenderness with spasm. There was tingling and numbness into the lateral forearm and hand with the greatest of the tingling and numbness being over the thumb and middle finger correlating with the C6 and C7 dermatomal pattern. There was 4 strength in the wrist extensors and flexors as well as biceps, triceps, and finger extensors, and C6 and C7 innervated muscles. The triceps reflexes were asymmetric. The injured worker had standing flexion and extension that was guarded and restricted. The lumbar spine examination additionally revealed palpable paravertebral muscle tenderness with spasm and a seated nerve root test that was positive. The injured worker had tingling and numbness in the posterior leg and lateral foot which was an S1 dermatomal pattern. There was 4 strength in the ankle plantar flexors and S1 innervated muscle. Ankle reflexes were asymmetric. The injured worker had tenderness in the joint line of the knee. The injured worker had a positive McMurray's test. The examination of the ankle and foot revealed tenderness over the anterior portion of the ankle with pain in eversion and inversion. There was no swelling. The diagnosis included cervicalgia, lumbago, internal derangement knee NOS, and joint derangement NOS ankle. The treatment plan included physical therapy to the cervical spine, lumbar spine, and ankle at a rate of 2 times a

week times 6 weeks, an EMG/NCV study of the bilateral upper extremities and lower extremities, an MRI of the cervical spine and lumbar spine, and a referral to pain management. There was no documented rationale for the requested therapies and interventions. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; twelve (12) sessions (2x6), cervical/lumbar spine and bilateral ankles:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had prior physical therapy. There was a lack of documentation indicating objective functional deficits to support the necessity for supervised therapy. The request for 12 sessions would be excessive. There was a lack of documentation indicating the objective functional benefit that was received from prior therapy. Given the above, the request for Physical Therapy; twelve (12) sessions (2x6), cervical/lumbar spine and bilateral ankles is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide prior documentation to indicate whether the injured worker's findings were their baseline findings. There was a lack of documented rationale for both an EMG and NCV. There was a lack of documented objective findings to support the necessity for both an EMG and NCV. Given the above, the request for EMG/NCV bilateral upper extremities is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that 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. The clinical documentation submitted for review failed to provide the injured worker had recent conservative care and failure of recent conservative care. There was a lack of documentation indicating a necessity for both an EMG and NCV. Additionally, the myotomal and dermatomal findings were not specified as to whether they were unilateral or bilateral in nature. The EMG would not be supported. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. Given the above, the request for EMG/NCV bilateral lower extremities is not medically necessary.