

Case Number:	CM14-0210221		
Date Assigned:	12/23/2014	Date of Injury:	02/27/2012
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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:

This is a 46 year old female with a date of injury of 2/27/12. She is being treated for cervical spondylosis, cervicgia, cervical radiculitis, rotator cuff syndrome, lumbago, lumbar radiculitis and thoracic radiculitis. Subjective findings on 11/12/14 reveal 8-9/10 cervical spine pain, headaches, right shoulder and shoulder blade pain, numbness in her right hand & arm, left thumb, nausea, dizziness, lower back pain radiating down her legs. Objective findings include normal ROM, normal DTRs, normal sensation and normal strength (right elbow 4/5) in bilateral upper extremities, negative Phalen's and Tinel's tests. EMG/NCS performed on 3/27/12 but results are not available. MR arthrogram of right shoulder revealed partial rotator cuff tear per report. MRI on 2/8/14 of the cervical spine revealed nonspecific straightening of the normal cervical lordosis, query strain vs. secondary to spondylotic changes, C3-4 1-2 mm posterior disc bulge resulting in moderate right neural foraminal narrowing with right exiting nerve root compromise, C4-5 1-2 mm posterior disc bulge resulting in moderate left neural foraminal narrowing with left exiting nerve compromise C5-6 2 mm bulge without stenosis or left neural foraminal narrowing and C6-7 1-2 mm posterior disc bulge without stenosis or neural foraminal narrowing. Treatment thus far has consisted of physical therapy to right shoulder, home exercise, medications (Ambien, Soma, Hydrocodone, omeprazole, Carisoprodol, hydrocodone/acetaminophen, ibuprofen) and acupuncture. The Utilization Review on 11/19/14 found the request for Physical therapy for the neck and right shoulder; 8 sessions to be non-certify due to lack of documentation about previous physical therapies and gains made to function status prior to authorizing further treatments and failure to demonstrate ongoing home exercise program. The request for EMG/NCV of the right upper extremity to be non-certify due to failure to MTUS guidelines for distal upper limb neurological screening for entrapment

disorders in a patient with a normal neurological exam and previous study performed in 3/27/12 but results not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): (s) 98-99, 178, 260, 263. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, page 581

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does not document evidence of radiculopathy, muscle atrophy, and abnormal neurologic findings. The treating physician does document a negative Tinel's sign. The treating physician has not met the above ACOEM and ODG criteria for an EMG of the upper extremities. The patient has also had a previous EMG/NCS on 3/27/12 and the medical records fail to document any attempt to obtain these previous studies. As such, the request for EMG/NCV of the right upper extremity is not medically necessary.

Physical therapy for the neck and right shoulder; 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 65-194; 196-219, Chronic Pain Treatment

Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient has previously been in a physical therapy program. The records fail to document improvement or failure of improvement during her clinical trial. No attempts have been made as documented in the record to obtain these physical therapy notes. Additional physical therapy treatments should be guided by her previous experience and results. The records state that the patient is participating in a home exercise program but no documentation is provided on what the prescription is, how it is being monitored and what results has she had. As such, the request for Physical therapy for the neck and right shoulder; 8 sessions are not medically necessary.