

<b>Case Number:</b>	CM15-0123265		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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

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 54 year old male, who sustained an industrial injury on 6/28/11. He reported pain in his neck related to striking his head against a metal plate. The injured worker was diagnosed as having cervical radiculopathy, cervical spondylosis at C5-C6, cervical facet pain and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, a cervical MRI on 10/1/11 showing multilevel cervical spondylosis and an EMG of the bilateral upper extremities on 12/15/11 showing bilateral carpal tunnel. As of the PR2 dated 5/15/15, the injured worker reports 6/10 pain in his neck that radiates down both arms. Objective findings include spasms and stiffness in the cervical muscles and decreased range of motion. The treating physician requested an EMG/NCV of the bilateral upper extremities and aquatic therapy 2 x weekly for 6-8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** The requested EMG/NCV bilateral upper extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker reports 6/10 pain in his neck that radiates down both arms. Objective findings include spasms and stiffness in the cervical muscles and decreased range of motion. The treating physician has documented an EMG of the bilateral upper extremities on 12/15/11 showing bilateral carpal tunnel. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, EMG/NCV bilateral upper extremities is not medically necessary.

**Aquatic therapy 2 x 6-8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The requested Aquatic therapy 2 x 6-8 weeks is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker reports 6/10 pain in his neck that radiates down both arms. Objective findings include spasms and stiffness in the cervical muscles and decreased range of motion. The treating physician has documented an EMG of the bilateral upper extremities on 12/15/11 showing bilateral carpal tunnel. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, aquatic therapy 2 x 6-8 weeks is not medically necessary.