

<b>Case Number:</b>	CM15-0126186		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 46 year old male who sustained a work related injury June 26, 2013. He was trying to close a gate that jammed and injured his right shoulder and back. He was recommended for surgery but it was postponed. Incidentally involved in a motor vehicle accident, November 4, 2013, and was treated for a left knee injury. On November 7, 2014, he underwent manipulation under anesthesia, right shoulder, arthroscopic non-abrasive chondroplasty, synovectomy, extensive, of the glenohumeral joint and labrum, debridement and non-abrasive chondroplasty of glenohumeral joint and labrum, subacromial decompression, partial acromioplasty with release of the coracoacromial ligament. According to a primary treating physician's report, dated May 4, 2015, the injured worker is motivated, working and going to school, for job improvement. He is still having pain in his back and right shoulder. Objective findings are; consistent with residual weakness and pain with range of motion and tenderness in the lumbar spine. Diagnoses are s/p right shoulder decompression; lumbar strain. Treatment plan included Norco for a flare-up of pain and at issue, a request for authorization for physical therapy, right shoulder and electrodiagnostic and nerve conduction velocity studies, bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy eight sessions for the right shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 8 sessions to the right shoulder are not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right shoulder decompression November 7, 2014; and lumbar strain. The date of injury is June 26, 2013. Request for authorization is dated May 29, 2015. According to a progress note dated May 7, 2015, the injured worker status post right shoulder arthroscopy with decompression. Subjectively, the injured worker remains with back pain and ongoing shoulder pain. Objectively, there is decreased range of motion with tenderness to help patient over the lumbar spine. There are no neurologic objective findings documented. The total number of postoperative physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is indicated. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy, total number of physical therapy sessions to date, and compelling clinical facts indicating additional physical therapy is warranted, physical therapy 8 sessions to the right shoulder are not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, EMG/NCV bilateral lower extremities are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are status post right shoulder decompression November 7, 2014; and lumbar strain. The date of injury is June 26, 2013. Request for authorization is dated May 29, 2015.

According to a progress note dated May 7, 2015, the injured worker status post right shoulder arthroscopy with decompression. Subjectively, the injured worker remains with back pain and ongoing shoulder pain. Objectively, there is decreased range of motion with tenderness to help patient over the lumbar spine. There are no neurologic objective findings documented. There are no unequivocal findings that identify specific nerve compromise on the neurologic examination. There are no subjective complaints of radiculopathy. There are no objective complaints of radiculopathy. Consequently, absent clinical documentation with subjective symptoms and objective clinical findings of radiculopathy and unequivocal findings that identify specific nerve compromise on the neurologic examination, EMG/NCV bilateral lower extremities are not medically necessary.