

Case Number:	CM15-0171558		
Date Assigned:	09/11/2015	Date of Injury:	01/15/2015
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Physical Medicine & Rehabilitation

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 36-year-old female, who sustained an industrial injury on 01-15-2015. She has reported injury to the neck, left arm, right knee, and low back. The diagnoses have included left shoulder bicipital tendinitis with subacromial bursitis; left scapula trigger point tendinitis; and minimal cervical radiculitis left side. Treatment to date has included medications, diagnostics, physical therapy, and acupuncture. Medications have included Naprosyn and Flexeril. A progress report from the treating physician, dated 02-25-2015, documented an evaluation with the injured worker. The injured worker reported intermittent minimal pain in the neck on the left and right side with slight radicular pain into the left arm; the pain is made worse by activities which require prolonged flexion and repetitive rotation of the neck; associated with the neck pain are headaches on the left side of the head; intermittent, minimal pain in the lower back; the back pain is made worse by activities including bending, lifting, and stooping; almost constant slight to moderate pain in the left shoulder and shoulder blade; the pain is aggravated by activities including lifting, pushing, pulling, or using the arm at or above shoulder height; with the pain are clicking and catching noises; and discomfort in her left forearm with any prolonged carrying. Objective findings included no limited range of motion of the cervical spine; minimal tenderness on palpation in the posterior cervical paravertebral muscles on the left and right side; very slight local tenderness anteriorly in the subacromial bursa of the left shoulder; the maximum area of tenderness in the left shoulder was over the bicipital groove and over the subacromial space; moderately severe tenderness in the scapula trigger point on the left side; and diffuse tenderness over the volar aspect of her left forearm. The treatment plan has included the request for retrospective chiropractic therapy, twice a week, for three weeks, for the neck, thoracic, lumbar, and right knee (date of service unspecified); and EMG (electromyography); NCS (nerve

conduction studies) bilateral upper extremities. The original utilization review, dated 07-31-2015, non-certified a request for retrospective chiropractic therapy, twice a week, for three weeks, for the neck, thoracic, lumbar, and right knee (date of service unspecified); and EMG (electromyography); NCS (nerve conduction studies) bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic therapy, twice a week, for three weeks, for the neck, thoracic, lumbar and right knee (DOS unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The current request is for Retrospective Chiropractic therapy, twice a week, for three weeks, for the neck, thoracic, lumbar and right knee (DOS unspecified). The RFA is dated 07/24/15. Treatment to date has included medications, cortisone injection to left shoulder, diagnostics, physical therapy, and acupuncture. The patient is working with restrictions. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS further states that chiropractic treatments are not recommended for the Knee. Per report 03/31/15, the patient presents with neck, back and knee pain. The neck pain radiated to the arms. This is a retrospective request for chiropractic therapy for 6 visits for the neck, thoracic, lumbar and right knee. The 28 page medical file provides no indication of when this chiropractic treatment took place, and the objective response to treatment was not documented. In this case, recommendation cannot be made as the request is for chiropractic treatment for the neck, back and right knee; and MTUS does not support manual therapy for the knee. Therefore, this request IS NOT medically necessary.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The current request is for EMG/NCS bilateral upper extremities. The RFA is dated 07/24/15. Treatment to date has included medications, cortisone injection to left shoulder, diagnostics, physical therapy, and acupuncture. The patient is working with restrictions. MTUS/ACOEM guidelines, Chapter 8 Page 178 under neck chapter states, "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear,

however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 assessment may include sensory- evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Per report 03/31/15, the patient presents with neck, back and knee pain. The neck pain radiated to the arms. Physical examination noted, "Neurologic examination of the upper extremities revealed no evidence of peripheral nerve entrapment syndrome or radiculopathy. There was no evidence of any tenderness along the course of any of the peripheral nerves." Tinel's, Phalen's and Digital comp test were negative and motor strength was normal. The 28 page medical file provides discussion regarding the requested EMG/NCS of the upper extremities. There is no neurological compromise on examination to warrant an EMG/NCV at this time. The medical necessity has not been established; therefore, this request IS NOT medically necessary.