

<b>Case Number:</b>	CM15-0173731		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/31/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Preventive Medicine, Occupational 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 38-year-old female who sustained an industrial injury on 3-31-2015. Medical records indicate the injured worker is being treated for right shoulder strain. Medical records dated 4-3-2015 indicate right shoulder pain that radiated up into the neck and down the arm. She rates the pain is 7 out of 10 and is usually 6 out of 10. Physical examination noted no hypermobile range of motion. There was normal range of motion. Forward flexion and extension was painful. Treatment has included medications. The Utilization review included EDS of the right upper extremity, ergonomic evaluation of the workstation, and physical therapy x 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice a week for six weeks directed to the subacute pain to the cervical spine and right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. This request for 12 sessions exceeds the recommended guidelines. The injured worker has participated in an unknown number of previous physical therapy sessions without stated benefit. The injured worker should be able to continue with a home-based, self-directed exercise program. The request for physical therapy, twice a week for six weeks directed to the sub acute pain to the cervical spine and right upper extremity is determined to not be medically necessary.

**Electromyography/Nerve Conduction Velocity of the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no objective evidence of neurological deficits on examination that would warrant an EMG/NCV. The request for electromyography/nerve conduction velocity of the right upper extremity is determined to not be medically necessary.

**Ergonomic Evaluation for the workstation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Work.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter/Ergonomic Interventions Section.

**Decision rationale:** The MTUS guidelines do not address the use of ergonomic assessments or interventions. Per the ODG, ergonomic interventions are under study. Using a computer keyboard with the forearms unsupported has been proposed as a causal factor for arm/hand diagnoses. For the majority of users, forearm support may be preferable to the "floating" posture in computer workstation setup. An inverse relationship was found between level of job routinization and hand lacerations, with progressively higher rates of hand lacerations occurring among workers assigned to less routine (more variable) work patterns. Symptoms in the wrist-hand region were predicted by stress symptoms and twisting or bending. Physical exposures at work influence the development of musculoskeletal symptoms in the neck-shoulder and wrist-hand regions. However, the results also suggest that a psychosocial exposure (social support) and perceived stress symptoms influence musculoskeletal symptoms. In this case, there is no evidence of issues with the injured worker's workstation. The request for ergonomic evaluation for the workstation is determined to not be medically necessary.