

Case Number:	CM15-0173758		
Date Assigned:	09/17/2015	Date of Injury:	05/04/2015
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for shoulder pain reportedly associated with an industrial injury of May 4, 2015. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper extremities and eight sessions of physical therapy. The claims administrator referenced a July 15, 2015 progress note and an associated July 31, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported complaints of right shoulder pain with right arm numbness and weakness. The applicant was off of work, on total temporary disability, it was reported and had not worked since the date of injury, it was acknowledged. 9/10 pain complaints were reported. Diffuse numbness about the right upper extremity and scapular winging were reported. The applicant was asked to obtain electrodiagnostic testing of the right and left upper extremities to rule out a brachial plexus injury versus long thoracic nerve injury. The attending provider also stated that he would evaluate the results of previously performed MRI imaging of the cervical spine, brachial plexus, and right shoulder. The applicant was placed off of work, on total temporary disability. On July 15, 2015, the attending provider stated that the applicant had had ongoing complaints of elbow pain with associated upper extremity paresthesias. A positive Tinel sign of the right elbow was noted. The attending provider stated that the applicant had had essentially normal cervical MRI imaging and reportedly normal right shoulder MRI imaging. The EMG testing was apparently performed and was reportedly negative for a long thoracic

neuropathy. Physical therapy and Lyrica were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Eleectromyogram) of bilateral upper extremity, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for EMG testing of the bilateral upper extremities to evaluate right shoulder issues was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV and EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the attending provider's progress notes of July 1, 2015 and July 15, 2015 suggested that the applicant's upper extremity paresthesias and dysesthesias were confined to the symptomatic right upper extremity. Electrodiagnostic testing of bilateral upper extremities to include testing of the seemingly asymptomatic left upper extremity, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.

Additional Physical therapy 2 times a week for 4 weeks, right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow chapter.

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

Decision rationale: Finally, the request for an additional eight sessions of physical therapy for the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for neuralgia and neuritis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones of the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, it was reported on the July 15, 2015 office visit on which additional physical therapy was sought, suggesting a lack of functional improvement as defined in MTUS 9792.20e despite receipt of the same. Therefore, the request for an additional eight sessions of physical therapy was not medically necessary.

NCV (nerve conduction velocity) of bilateral upper extremity, right shoulder: 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.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for NCV testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the evaluation of the applicants without symptoms is deemed "not recommended." Here, the applicant's upper extremity paresthesias were confined to the symptomatic right upper extremity, it was reported on both July 1, 2015 and July 15, 2015. The request for NCV testing of the bilateral upper extremities to include the seemingly asymptomatic left upper extremity, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.