

Case Number:	CM15-0176320		
Date Assigned:	09/17/2015	Date of Injury:	08/13/2014
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement, interstitial supraspinatus rotator cuff tear, rule out left upper extremity nerve entrapment syndrome, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. Medical records dated July 22 2015 indicate that the injured worker complains of left sided neck shoulder, and upper extremity pain. A progress note dated May 8, 2015 notes subjective complaints of left shoulder pain with radiation to the left upper extremity with occasional numbness and weakness. Per the treating physician (May 8, 2015), the employee has was unable to work. The physical exam dated July 22, 2015 reveals holding the left upper extremity in a dependent fashion throughout the interview, head forward posture, asymmetric shoulder girdles with the right shoulder markedly higher than the left, left shoulder rotated anterior to the right shoulder, left shoulder abduction of 130 degrees, flexion of 90 degrees, multiple myofascial trigger points in and around the left shoulder girdle, and hypoesthesia in multiple dermatomes of the left upper extremity. The progress note dated May 8, 2015 documented a physical examination that showed positive guarding of the left muscle groups, restricted range of motion of the cervical spine, decreased sensation to light touch and pinprick at the C6 and C7 dermatomes, decreased range of motion of the left shoulder (abduction of 110 degrees; flexion, extension, internal and external rotation with restriction in the 20 to 30% range), and positive supraspinatus test. Treatment has included medications (Norco and Naproxen since at least April of 2015). The original utilization review (August 14, 2015) non-certified a request for an electromyogram referral for the left upper extremity and partially

certified a request for a trial of four sessions of cognitive behavioral therapy (original request for psychology referral consultation and treat for 6 sessions). The patient had received an unspecified number of PT visits for this injury. The patient's surgical history include right knee surgery and hernia repair. The patient has had history of depression and sleep disturbances. The patient had used a TENS unit for this injury. A recent detailed psychiatric examination was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology referral consultation and treat for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/pain.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 09/30/15) Cognitive behavioral therapy (CBT).

Decision rationale: Psychology referral consultation and treat for 6 sessions. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The cited guideline allow the psychotherapy visits Initial trial of 3-4 psychotherapy visits over 2 weeks. The requested visits are more than the recommendations of the cited guideline. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. Furthermore, documentation of response to other measures such as oral pharmacotherapy was not provided in the medical records submitted. The medical necessity of the request for Psychology referral consultation and treat for 6 sessions is not fully established for this patient. Therefore, the request is not medically necessary.

Electromyogram referral for left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/neck.htm>.

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

Decision rationale: Electromyogram referral for left upper extremity. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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." A progress note dated May 8, 2015 notes subjective complaints of left shoulder pain with radiation to the left upper extremity with occasional numbness and weakness. The physical exam dated July 22, 2015 reveals holding the left upper extremity in a dependent fashion throughout the interview, head forward posture, and hypoesthesia in multiple dermatomes of the left upper extremity. The progress note dated May 8, 2015 documented a physical examination that showed decreased sensation to light touch and pinprick at the C6 and C7 dermatomes, and positive supraspinatus test. The pt could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electro-diagnostic studies to find out the exact cause of the symptoms in the left upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for Electromyogram referral for left upper extremity is medically appropriate and necessary for this patient at this time.