

Case Number:	CM15-0179536		
Date Assigned:	09/30/2015	Date of Injury:	09/04/2013
Decision Date:	11/16/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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 35 year old, female who sustained a work related injury on 9-4-13. A review of the medical records shows she is being treated for right shoulder and neck pain. In the last progress notes, the injured worker reports constant and moderate to severe right shoulder and neck pain. On physical exam dated 7-16-15, she has decreased range of motion in neck and right shoulder. Some of the notes are difficult to decipher. There is insufficient documentation on previous treatments, medications and physical exam findings. She is not working. The treatment plan includes requests for chiropractic treatment, for range of motion and for acupuncture. In the Utilization Review dated 8-17-15, the requested treatments of NCV of bilateral upper extremities and computerized range of motion of the lumbar spine, cervical spine and bilateral upper extremities are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of BUE: Upheld

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

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

Decision rationale: The patient presents with right shoulder and neck pain. The request is for NCV OF BUE. The request for authorization is dated 07/16/15. Physical examination reveals decreased range of motion. Patient's treatment plan includes range of motion testing, chiropractic, and acupuncture. Per progress report dated 07/16/15, the patient is to remain off-work. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. Only one handwritten progress report with minimal information and mostly illegible is provided for review. There is no evidence that the patient has had a prior NCV of BUE studies done. However, treater does not discuss or document any physical examination findings or diagnosis to indicate an NCV of BUE. Therefore, the request IS NOT medically necessary. Treater does not discuss the request. Only one handwritten progress report with minimal information and mostly illegible is provided for review. There is no evidence that the patient has had a prior NCV of BUE studies done. However, there is no documentation of any upper extremity symptoms other than neck and shoulder pains. NCV studies would not be indicated for shoulder symptoms, and in the absence any radiating or upper extremity symptoms. The request IS NOT medically necessary.

Computerized ROM of The L/S, C/S and UE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: The patient presents with right shoulder and neck pain. The request is for COMPUTERIZED ROM OF THE L/S, C/S AND UE. The request for authorization is dated 07/16/15. Physical examination reveals decreased range of motion. Patient's treatment plan includes range of motion testing, chiropractic, and acupuncture. Per progress report dated 07/16/15, the patient is to remain off-work. MTUS guidelines, Functional Improvement Measures Section, page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would

otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Treater does not discuss the request. Only one handwritten progress report with minimal information and mostly illegible is provided for review. In this case, treater does not provide any discussion, explanation or medical rationale for the request. Range of Motion measurements should be obtained as part of a routine physical examination, and there is no justification for additional billing when it's part of a routine examination. Therefore, the request IS NOT medically necessary.