

Case Number:	CM15-0031573		
Date Assigned:	04/15/2015	Date of Injury:	06/15/2011
Decision Date:	05/21/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old female with an industrial injury dated 06/15/2011. Her diagnoses included cervical sprain and derangement of joint (not otherwise specified) of shoulder. Prior treatment included physical therapy, referral to orthopedic surgeon, diagnostics, and cortisone injections to right shoulder, right shoulder surgery, acupuncture and left shoulder surgery. She presents on 01/06 2015 with complaints of intermittent pain in the neck radiating to her upper back and shoulders. Other complaints were pain in upper back, waist, difficulty sleeping and depression. Physical exam of the cervical spine revealed tenderness to palpation with spasm present. There was tenderness and decreased range of motion over the bilateral shoulders. Treatment plan included physical therapy, nerve conduction studies of upper extremities and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 3 times 4 for neck and shoulder (only right side accepted this claim):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and shoulder sections, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the neck and shoulder (only right side accepted this claim) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical sprain; and derangement of joint not otherwise specified of shoulder. The request for authorizations is dated January 23, 2015. The injured worker received physical therapy, upper back and right shoulder in 2011. The injured worker underwent surgery on the right shoulder in 2011. On April 23, 2014, the injured worker was status post left shoulder arthroscopy and was authorized for eight additional physical therapy sessions. In a progress note dated January 6, 2015, subjectively, the injured worker had intermittent pain in the neck that travels to her upper back, scapula and shoulders. Pain is rated 6-8/10. There is stiffness in the neck and the pain is aggravated with head tilting. The injured worker complains of intermittent pain in the bilateral shoulders 100% of the time. The pain radiates to the elbows, hands and fingers. Injured worker states pain in the right shoulder is mild and improved since undergoing surgery is worse with repetitive movements. Pain is rated 8/10. Objectively, there is tenderness palpation in the cervical paraspinal muscles. Muscle testing is normal. Shoulder examination showed tenderness of the bilateral shoulders. The documentation states the right side is accepted by the carrier for this claim. The injured worker states pain in the right shoulder is mild and improved since undergoing surgery. The injured worker's complaints are largely referable to the left shoulder. There is no clinical indication or rationale for continued physical therapy to the right shoulder and neck. The injured worker received a full complement of physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy three times per week times four weeks to the neck and shoulder (only right side accepted this claim) is not medically necessary.

EMG/NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV right upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging 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. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are cervical sprain; and derangement of joint not otherwise specified of shoulder. The documentation shows the injured worker has complaints of numbness and tingling involving the upper extremities. Objectively, there are no objective neurologic findings with sensory or motor weakness. There were no objective findings of radiculopathy or neuropathy on examination. There were no unequivocal findings and identify specific nerve compromise on the neurologic evaluation (no neurologic evaluation of the upper extremities was performed). Consequently, absent unequivocal specific nerve compromise on neurologic evaluation, EMG/NCV of the right upper extremity is not medically necessary.