

<b>Case Number:</b>	CM15-0039382		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 (IW) is a 36-year-old female, who sustained an industrial injury on 06/26/2012. She reported initially injuring her left shoulder at work on 06/01/2012 and experiencing progressive shoulder pain. The injured worker was diagnosed as having shoulder joint pain, rotator cuff (capsule) sprain, and other affections of the shoulder. Treatment to date has included physical therapy and treatment prior to having a subacromial decompression of the left shoulder (09/30/2014), and post-op. In the therapy notes of 01/13/2015, the IW complains of pain in the left shoulder and a feeling of intermittent instability with difficulty reaching across her body to her opposite side due to increased discomfort during the end range of motion. The physician note of 01/19/2015 re-evaluates her for the complaints of pain around the neck, bilateral shoulders, left elbow, bilateral wrists and bilateral hands. She complains of frequent numbness to all four fingers of her left hand with weakness of the left arm. Range of motion of the cervical spine shows flexion of 40 degrees, extension of 20 degrees, lateral bend to the right at 20 degrees, lateral bend to the left at 20 degrees, rotation to the right at 60 degrees, and rotation to the left at 60 degrees. Range of motion in the shoulder remains slightly diminished in all areas, the incision site is healing well with mild effusion and increased pain with motion. The left wrist has decreased range of motion in all planes with tenderness over the volar surface of the wrist and mild swelling. Tinel's sign is positive. Phalen's sign is positive. Diagnosis include cervical spine, disc bulge; cervical spine, left-sided C5 and C6 radiculopathy; Left shoulder, rotator cuff tendinitis, left shoulder , impingement syndrome, status post left shoulder subacromial decompression; status post left wrist, dorsal ganglion cyst removal , status post

trigger release, left thumb and index finger; left hand, carpal tunnel syndrome and ulnar nerve entrapment at the left elbow. Treatment plan is to request authorization for physical therapy for the left wrist and left hand 3x4 sessions, and EMG/NCV for the left hand, and dispense medications of Flexeril, Lexapro, Protonix, and Nalfon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the left wrist and left hand 3x4 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This 36-year-old female has complained of left shoulder, neck, left wrist and hand pain since date of injury. She has been treated with physical therapy, left shoulder surgery and medications. The current request is for physical therapy for the left wrist and left hand 3 x 4 sessions. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia, myofascial pain and radiculitis. The available medical records do not contain documentation of functional improvement resulting from the prior sessions of passive physical therapy. Additionally, the number of requested sessions of passive physical therapy exceeds current recommendations. On the basis of the MTUS guidelines and available medical documentation, physical therapy for the left wrist and left hand 3 X 4 sessions is not indicated as medically necessary.

**EMG/NCV for the left hand x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 265.

**Decision rationale:** This 36-year-old female has complained of left shoulder, neck, left wrist and hand pain since date of injury. She has been treated with physical therapy, left shoulder surgery and medications. The current request is for EMG/NCV for the left hand x 1. There is no provider rationale in the available documentation that supports obtaining repeat EMG/NCV x 1 for the left hand. There is no documentation provided noting new or progressive findings since the time of the previous EMG/NCV of the left hand. On the basis of the available medical documentation and per the ACOEM guidelines cited above, EMG/NCV of the left hand is not indicated as medically necessary.

