

Case Number:	CM15-0066725		
Date Assigned:	04/14/2015	Date of Injury:	03/11/2006
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 injured worker is a 44 year old female, who sustained an industrial/work injury on 3/11/06. She reported initial complaints of pain to the head, neck, right shoulder, right elbow, left wrist, low back, and right ankle. The injured worker was diagnosed as having s/p left carpal tunnel release; multilevel cervical disc desiccation and bulging; L5-S1 disc injury with bilateral foraminal narrowing; left knee strain; right cubital tunnel syndrome; right carpal tunnel syndrome; right shoulder bursitis with acromioclavicular joint pain; right hip contusion; left knee pain following arthroscopy; s/p right shoulder arthroscopy, subacromial decompression, Mumford procedure. Treatment to date has included medication, injections, therapy, massage, acupuncture, surgery (wrist in 2010, and shoulder and right knee in 2008). Electromyography and nerve conduction velocity test (EMG/NCV) was done on 8/10/10. Currently, the injured worker complains of cervical pain, headaches that are worse with turning and tilting, pain in the right shoulder, both hands and forearms, lower back that radiated to the right lower extremity, right knee and right ankle. Per the primary physician's progress report (PR-2) on 3/5/15, the injured worker walks with a limp, favoring the right leg. Examination of the cervical spine noted normal cervical lordosis and palpable tenderness about the paraspinal muscles, restricted ranges of motion in all planes with pain with rotation to the left. Right shoulder exam noted tenderness with palpation over the anterior aspect of the shoulder, restricted range of motion in all planes. Exam of the right elbow noted tenderness about the lateral and inner aspects of the right elbow, hyporeflexia in the bilateral elbows, and restricted range of motion in all planes. Left wrist noted tenderness and restricted range of motion. Exam of the thoracic spine noted palpable tenderness

and spasm and restricted range of motion. Exam of the lumbar spine noted tenderness to palpation over the paraspinal muscles, spasms, and restricted range of motion. Exam of the right knee note tenderness and restricted range of motion in all planes with positive McMurray's sign. Exam of the right ankle noted palpable tenderness and restricted range of motion. Current plan of care included consultation with an orthopedic spine specialist, chiropractic care, medication, and diagnostic study. The requested treatments include Chiropractic treatments and EMG/NCV bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 8 session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Chiropractic treatments 8 session is not medically necessary.

EMG/NCV bilateral upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommended repeat electrodiagnostic studies 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already

presumed to have symptoms on the basis of radiculopathy. EMG/NCV bilateral upper extremity is not medically necessary.