

Case Number:	CM15-0068951		
Date Assigned:	04/16/2015	Date of Injury:	11/13/2013
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/11/2015

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, 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 74 year old male who sustained an industrial injury on 11/13/13. The injured worker reported symptoms in the left shoulder. The injured worker was diagnosed as having cervical disc degeneration and rotator cuff disorder. Treatments to date have included oral pain medication, non-steroidal anti-inflammatory drugs; status post left shoulder arthroscopic subacromial decompression, injections, and home exercise program. Currently, the injured worker complains of left shoulder discomfort. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the Left Shoulder and Neck, 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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) Shoulder section, and Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy to the left shoulder and neck two times per week times four weeks 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 spine musculoligamentous sprain/strain with left upper extremity radiculitis and multilevel spondylosis; status post left shoulder arthroscopy November 2014; right shoulder sprain/strain; history closed trauma with probable post traumatic headaches. The injured worker underwent an orthopedic procedure on November 10, 2014. The procedure performed included a left shoulder diagnostic arthroscopy with biceps tenotomy, extensive debridement of superior labrum and biceps bursectomy, subacromial decompression and Mumford procedure. There was no evidence of a full thickness tear. The injured worker saw the surgeon on March 17, 2015. The surgeon did not request ultrasound of the shoulder and did not request additional physical therapy. The injured worker saw the treating provider on March 19, 2015 (two days later). The treating provider (an orthopedist) requested additional physical therapy, and ultrasound of the shoulder, and an EMG nerve conduction velocity study of the bilateral upper extremities. The injured worker received 25 physical therapy sessions to the shoulder, 8 physical therapy sessions to the neck and was engaged in a home exercise program. The injured worker received a full complement of physical therapy sessions to the affected shoulder. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with compelling clinical facts indicating additional physical therapy is clinically indicated, additional physical therapy to the left shoulder and neck two times per week times four weeks is not medically necessary.

Diagnostic Ultrasound of the Left Shoulder: 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) Online Version, ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Diagnostic ultrasound.

Decision rationale: Pursuant to the Official Disability Guidelines, either MRI or ultrasound could equally be used for detection of full thickness rotator cuff tears, all the while the sound may be better at picking up partial tears. Ultrasound may be more cost-effective in the specialist hospital setting for identification of full thickness tears. Ultrasound is highly accurate imaging for evaluation of the integrity of the rotator cuff in shoulders that have undergone an operation. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis and multilevel spondylosis; status post left shoulder arthroscopy November 2014; right shoulder sprain/strain; history closed trauma with probable post traumatic headaches. The injured worker underwent an orthopedic procedure on November 10, 2014. The procedure performed included a left shoulder diagnostic arthroscopy with biceps tenotomy, extensive debridement of superior

labrum and biceps bursectomy, subacromial decompression and Mumford procedure. There was no evidence of a full thickness tear. The injured worker saw the surgeon on March 17, 2015. The surgeon did not request ultrasound of the shoulder and did not request additional physical therapy. The injured worker saw the treating provider on March 19, 2015 (two days later). The treating provider (an orthopedist) requested additional physical therapy, and ultrasound of the shoulder, and an EMG nerve conduction velocity study of the bilateral upper extremities. The injured worker received 25 physical therapy sessions to the shoulder, 8 physical therapy sessions to the neck and was engaged in a home exercise program. The injured worker received a full complement of physical therapy sessions to the affected shoulder. The surgeon that performed the procedure ordered an MRI of left shoulder. The treating provider (the nonsurgical orthopedic surgeon) ordered the diagnostic ultrasound of the left shoulder. The treating surgeon's clinical decision-making trumps the treating provider (nonsurgical orthopedic surgeon) for a diagnostic ultrasound. Consequently, a diagnostic ultrasound of the left shoulder is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, diagnostic ultrasound of the left shoulder is not medically necessary.

EMG/NCV Study of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify 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, in this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis and multilevel spondylosis; status post left shoulder arthroscopy November 2014; right shoulder sprain/strain; history closed trauma with probable post traumatic headaches. The injured worker underwent an orthopedic procedure on November 10, 2014. The procedure performed included a left shoulder diagnostic arthroscopy

with biceps tenotomy, extensive debridement of superior labrum and biceps bursectomy, subacromial decompression and Mumford procedure. The documentation from a March 19, 2015 progress note shows, subjectively, the injured worker has left and right shoulder pain; neck pain and head pain. There are no subjective symptoms of radiculopathy documented. Objectively, there is tenderness palpation over the cervical paraspinal muscle groups with range of motion. There was tenderness palpation over the subacromial bursa, acromioclavicular joint, supraspinatus tendon, posterior muscles and peri-scapular musculature. A neurologic evaluation showed sensation to touch in the lateral upper extremities is decreased on the left with a patchy distribution and intact in the right upper extremity. Motor testing showed 4/5 strength and left upper extremity and no motor weakness in the right upper extremity. The right upper extremity was unremarkable subjectively and objectively. There are no unequivocal findings that identify specific nerve compromise on the neurologic examination sufficient to warrant electrodiagnostic studies. There is no clinical indication or rationale for performing a bilateral upper extremity EMG/NCV. Consequently, absent clinical documentation with a clinical indication and rationale for the bilateral upper extremities, EMG/NCV of the bilateral upper extremities is not medically necessary.