

Case Number:	CM15-0069316		
Date Assigned:	04/16/2015	Date of Injury:	09/01/2014
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old woman sustained an industrial injury on 9/1/2014. The mechanism of injury is not detailed. Diagnoses include cervical spine musculoligamentous strain/sprain with radiculitis rule out cervical discogenic disease, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous sprain/strain with radiculitis rule out lumbar spine discogenic disease, bilateral shoulder sprain/strain with tendinitis, bilateral wrist sprain/strain, and perineum burn. Treatment has included oral medications. Physician notes dated 3/18/2015 show complaints of headaches, and pain in the neck, mid and upper back, low back, bilateral shoulders, and left forearm rated 3-5/10. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion, positive cervical compression test. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion and positive SLR. Physical examination of the bilateral shoulder revealed tenderness on palpation, limited range of motion and positive supraspinatus test. Recommendations include continue physical therapy, Fexmid, Tramadol, neurology consultation, extracorporeal shockwave therapy of the right shoulder, MRI of the cervical spine, electromyogram/nerve conduction studies of the bilateral upper extremities, and follow up in five weeks. Patient has received an unspecified number of PT visits for this injury. The medication list includes Tramadol and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy of the Cervical Spine, Thoracic Spine, Lumbar Spine, Bilateral Shoulders, Left Forearm, And Bilateral Wrists 2 X/ Week For 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Request: Continue Physical Therapy of the Cervical Spine, Thoracic Spine, Lumbar Spine, Bilateral Shoulders. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Continue Physical Therapy of the Cervical Spine, Thoracic Spine, Lumbar Spine, Bilateral Shoulders is not fully established for this patient.

Extracorporeal Shock Wave Therapy 1 X 4 Weeks for Right: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 05/04/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Extracorporeal Shock Wave Therapy 1 X 4 Weeks for Right Shoulder ACOEM and CA-MTUS guidelines does not address shock wave therapy. Per the cited guidelines, extracorporeal shockwave treatment is "Recommended for calcifying tendinitis but not for other shoulder disorders." There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. At least three conservative treatments have been performed prior to use of ESWT. These would include a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). Maximum of 3 therapy sessions over 3 weeks. Any evidence of calcifying tendinitis was not specified in the records provided. Per the cited guidelines, there was no high-grade scientific

evidence to support the use of extracorporeal shockwave treatment for this diagnosis. Patient has received an unspecified number of PT visits for this injury. The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The notes from the previous conservative treatments sessions were not specified in the records provided. The medical necessity of the request for extracorporeal shock wave therapy 1 x 4 weeks for right shoulder is not fully established in this patient.

Emg/Ncv of the Bilateral Upper: Overturned

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): 177-178.

Decision rationale: Emg/Ncv of the Bilateral Upper Extremities Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Diagnoses include cervical spine musculoligamentous strain/sprain with radiculitis rule out cervical discogenic disease, thoracic spine musculoligamentous strain/sprain, bilateral shoulder sprain/strain with tendinitis, bilateral wrist sprain/strain. Physician notes dated 3/18/2015 show complaints of headaches, and pain in the neck, mid and upper back, bilateral shoulders, and left forearm rated 3-5/10. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion, positive cervical compression test. The pt could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electrodiagnostic studies to find out the exact cause of the symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for bilateral upper extremities EMG/NCV is medically appropriate and necessary for this patient at this time.