

Case Number:	CM15-0069762		
Date Assigned:	04/17/2015	Date of Injury:	04/12/2014
Decision Date:	05/18/2015	UR Denial Date:	03/21/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 04/12/2014. He reported dizziness, severe migraine and neck pain. He was diagnosed with post trauma myofascial headaches and cervical spine myoligamentous sprain/strain syndrome associated with reveals degenerative disc disease at multiple levels specifically at C5/C6 and C6/C7 with osteophytes at C6/C7 foramina with left sided radiculopathy. Treatment to date has included medications, x-rays and a MRI. According to a progress report dated 03/09/2015, the injured worker was seen in follow up for his left shoulder. Pain was rated 7 on a scale of 1-10. The injured worker complained of headaches and loss of some mental capacity. Treatment plan included electromyography and nerve conduction study of the upper extremities, physical therapy, Xanax, Norco and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left Upper Extremity EMG (electromyography)/ NCV (nerve conduction velocity) - Muscle Test One Limb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCS, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits and there is no evidence of new or progressive symptoms/findings since the prior study to warrant repeat electrodiagnostic testing. In the absence of such documentation, the currently requested EMG/NCS is not medically necessary.

Physical Therapy, Left Shoulder, 12 sessions (3 times weekly for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.