MAXIMUS Federal Services

Case Number:	CM15-0071435		
Date Assigned:	04/21/2015	Date of Injury:	01/30/2015
Decision Date:	06/10/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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, Illinois
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 56 year old female, who sustained an industrial injury on January 30, 2015. She reported development and worsening of neck pain and left shoulder pain with pain radiating down the left arm/wrist/hand/elbow/forearm regions from her repetitive work as a dispatcher. The injured worker was diagnosed as having sprain and strain of unspecified site of the left shoulder and upper arm, sprain of neck, other tenosynovitis of the left hand and wrist, other synovitis and tenosynovitis of the left elbow/forearm, and mononeuritis of the left upper limb, unspecified. Treatment to date has included bracing, splinting, x-rays, physical therapy, and medication. Currently, the injured worker complains of neck pain and left shoulder pain, with radiation down the left arm, wrist, hand, elbow, and forearm areas with persistent numbness and tingling sensations. The Primary Treating Physician's report dated March 10, 2015, noted the injured worker reported therapy had helped with less pain around the neck and left shoulder area. X-rays of the cervical spine and left shoulder, elbow, and wrists, were all noted to be negative with mild degenerative disc disease. Examination of the left shoulder was noted to show tenderness to palpation of the superior trapezius and periscapular muscle area, with mild muscle tightness. The treatment plan was noted to include medications including Motrin, Flexeril, and Neurontin, extension of physical therapy, and referral for an electromyography (EMG)/nerve conduction study (NCS) of the left upper extremity and neck areas to rule out carpal tunnel syndrome versus radiculopathy with persistent numbness/tingling sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and/or nerve conduction velocity (NCV) studies for the cervical spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on January 30, 2015. The medical records provided indicate the diagnosis of sprain and strain of unspecified site of the left shoulder and upper arm, sprain of neck, other tenosynovitis of the left hand and wrist, other synovitis and tenosynovitis of the left elbow/forearm, and mononeuritis of the left upper limb, unspecified. Treatment to date has included bracing, splinting, x-rays, physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for Electromyograph (EMG) and/or nerve conduction velocity (NCV) studies for the cervical spine as an outpatient. The medical records indicate the injured worker suffers from neck pain that radiates to the wrists; spurlings tests is negative, but there is positive tinel's and phalen's tests. The MTUS recommends nerve studies in cases of neck pain with equivocal features of radiculopathy. The MTUS states, " 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" The utilization review report indicates the injured worker has been certified for upper extremity EMG/NCV.

6 additional physical therapy treatments for the neck as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Physical therapy (PT).

Decision rationale: The injured worker sustained a work related injury on January 30, 2015. The medical records provided indicate the diagnosis of sprain and strain of unspecified site of the left shoulder and upper arm, sprain of neck, other tenosynovitis of the left hand and wrist, other synovitis and tenosynovitis of the left elbow/forearm, and mononeuritis of the left upper limb, unspecified. Treatment to date has included bracing, splinting, x-rays, physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for 6 additional physical therapy treatments for the neck as an outpatient. The MTUS is silent on the number of physical therapy visits for the neck sprain, but the official disability guidelines recommends 10 visits over 8 weeks. The medical records indicate the injured worker improved after 6 visits. The additional six visits exceeds the recommended total number of visits