

Case Number:	CM15-0079983		
Date Assigned:	05/28/2015	Date of Injury:	10/03/2011
Decision Date:	06/25/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

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 46 year old male patient who sustained an industrial injury on 10/03/2011. The accident is described as while working removing a tree stump swinging an axe he experienced acute onset of pain in his right shoulder. He was evaluated and noted taking anti-inflammatory agent with mild relieve from symptom. Of note, he mentioned having two prior workers compensation claims to the right shoulder and was previously deemed permanent and stationary. A primary treating office visit dated 09/22/2014 reported a permanent and stationary examination. The patient is currently unemployed. He has undergone a course of physical therapy with suboptimal outcome then underwent a magnetic resonance imaging study of the right shoulder along with follow up receiving multiple steroid injections with minimal improvement. He was found to be a surgical candidate and ultimately underwent right shoulder arthroscopy with post-operative course of therapy completed. Thereafter his shoulder pain improved, but the patient noticed a progression of numbness to the right hand. A nerve conduction study was performed, and subsequently on 05/08/2013, the patient underwent a right ulnar nerve decompression at elbow and right carpal tunnel release. Thereafter, the patient again participated in post-operative sessions with noted functional gains. Current medication regimen consisted of: Meloxicam, Tizanidine, and occasionally Tramadol. He also participates in a home exercise program. The following diagnoses are applied: right shoulder joint pain; right carpal tunnel syndrome, and right ulnar neuropathy. The physician noted the patient having reached maximal medical improvement and is able to return to a modified work duty. A recent primary treating office visit dated 03/19/2015 reported the patient with no significant improvement since

last visit. He is still with subjective complaint of having significant right shoulder pain. The impression noted the patient with shoulder impingement and ulnar nerve lesion. The plan of care noted the physician recommending physical therapy sessions and nerve conduction study performed. He is to follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the right shoulder and right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for right shoulder and right upper extremity pain. Treatments have included a right ulnar nerve transposition and right carpal tunnel release as well as right shoulder arthroscopic surgery. When seen, he had ongoing right shoulder pain. There was decreased range of motion and tenderness and impingement testing was positive. The claimant is being treated for chronic shoulder pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish a home exercise program. The request is not medically necessary.

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for right shoulder and right upper extremity pain. Treatments have included a right ulnar nerve transposition and right carpal tunnel release as well as right shoulder arthroscopic surgery. When seen, he had ongoing right shoulder pain. There was decreased range of motion and tenderness and impingement testing was positive. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case,

there are no physical examination findings that support the need for electrodiagnostic testing at this time. The claimant has no left upper extremity symptoms and testing of both upper extremities would also not be indicated. Therefore, this request is not medically necessary.