

Case Number:	CM15-0092321		
Date Assigned:	05/18/2015	Date of Injury:	02/18/2015
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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, 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 57-year-old male, who sustained an industrial injury on February 18, 2015. He reported chronic low back pain, neck pain, headache, and bilateral hip pain due to heavy work. The injured worker was diagnosed as having musculoligamentous sprain/strain of the lumbar spine with radicular component, severe hip pain status post right total hip replacement march 30, 2015, left hip replacement pending, musculoligamentous sprain/strain of the cervical spine, numbness, weakness, atrophy of muscles in the right hand and arm rule out compression neuropathy versus radiculopathy, cramping abdominal pain rule out iatrogenic gastritis, sleep impairment due to pain, severe frustration/depression due to pain, ongoing physical limitations and impending eviction from his apartment, and pain in the right knee and right ankle to rule out internal derangement. Treatment to date has included a right total hip replacement March 30, 2015, MRIs, hip injections, and medication. Currently, the injured worker complains of lower back pain radiating constantly to his bilateral buttocks and right more than left back legs down to the knees, tingling in the right big toe, weak right leg, left groin and hip pain, right knee pain on the sides, right ankle rolling, feeling depressed, frustrated, and betrayed, headaches, neck pain radiating to the occipital area, shoulders, and shoulder blades, right elbow pain, right fourth and fifth fingers numb and tingling, and constant abdominal pain. The Initial Neurological Evaluation report dated April 24, 2015, noted the injured worker reported a reduction in the right hip pain by approximately 50% after the right hip replacement on March 30, 2015. The injured worker was noted to be scheduled for a left total hip replacement on June 29, 2015. The injured worker's current medications were listed as Protonix

and Percocet. Physical examination was noted to show the injured worker ambulating with a walker, with occipital notch tenderness, cervical paravertebral muscle tenderness bilaterally, and lumbar paravertebral muscle tenderness, with straight leg raise positive on the right. The hip examination was noted to show limited range of motion (ROM) and pain with range of motion (ROM), with decreased vibration sense and temperature in the right lower extremity in the L5-S1 dermatomes. The treatment plan was noted to include a repeat MRI of the brain for a developed visual field deficit, an ophthalmology evaluation, a nerve conduction study (NCS)/electromyography (EMG) of the bilateral upper extremities, an orthopedic spine evaluation, continued post-op physical therapy for the right hip, and a random urine drug screen (UDS). The injured worker was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 times a week for 6 weeks right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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) Hip section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy three times per week times six weeks to the right hip 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are musculoligamentous sprain/strain lumbar spine with radiculopathy; severe hip pain, status post total right hip replacement March 30th 2015; musculoligamentous sprain/strain cervical spine; numbness, weakness and atrophy of muscles right hand and arm lever compression neuropathy versus radiculopathy; cramping, abdominal pain; sleep impairment; and severe frustration/depression; right knee pain, right ankle pain. The requesting physician's first report is dated April 24, 2015. The injured worker was under the care of a different provider and there were no medical records available for review prior to ordering additional physical therapy. There is no documentation of objective functional improvement from prior physical therapy nor is there a specified number of physical therapy sessions to date. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy to date, a specified number of physical therapy sessions with a review of the medical records from the prior treating provider, postoperative physical therapy three times per week times six weeks to the right hip is not medically necessary.

NCS/EMG BUE (only right elbow is compensable): 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/NCS of the bilateral upper extremities (only right elbow is compensable) 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, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are musculoligamentous sprain/strain lumbar spine with radiculopathy; severe hip pain, status post total right hip replacement March 30th 2015; musculoligamentous sprain/strain cervical spine; numbness, weakness and atrophy of muscles right hand and arm lever compression neuropathy versus radiculopathy; cramping, abdominal pain; sleep impairment; and severe frustration/depression; right knee pain, right ankle pain. The requesting physician's first report is dated April 24, 2015. The injured worker was under the care of a different provider and there were no medical records available for review prior to ordering NCS/EMG of the bilateral upper extremity. There were insufficient neurologic findings to warrant an NCS/EMG of the upper extremities. The neurologic evaluation of the upper extremities was limited to left Tinel's sign at the cubital and carpal tunnels bilaterally, right more than left. Additionally, there were no prior treatment notes from the initial treating provider with a review of those progress notes prior to ordering the NCS/EMG. Consequently, absent clinical documentation with prior treatment notes, history and diagnostic testing, insufficient clinical documentation for NCS/EMG, EMG/NCs of the bilateral upper extremities (only right elbow is compensable) is not medically necessary.