

Case Number:	CM14-0151677		
Date Assigned:	09/19/2014	Date of Injury:	01/11/2013
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old male who reported an injury on 01/11/2013, after being assaulted. The current diagnoses include a cervical spine sprain/strain, right shoulder sprain/strain, elevated blood pressure, and symptoms of gastritis. The injured worker was evaluated on 05/01/2014, with complaints of persistent pain in the cervical spine and right shoulder. Previous conservative treatment is noted to include physical therapy and medications. Physical examination revealed decreased range of motion of the cervical spine, tightness with spasm, tenderness to palpation, positive Spurling's test, positive foramina compression test, limited range of motion of the right shoulder, tenderness in the greater tuberosities, subacromial grinding and clicking on the right, tenderness of the rotator cuff muscles, tenderness of the subacromial and subdeltoid area, atrophy of the rotator cuff deltoid bilaterally, diminished muscle strength, 1+ deep tendon reflexes in the upper extremities, and positive Tinel's and Phalen's testing in the bilateral wrists and hands. Treatment recommendations at that time included electrodiagnostic testing, an MRI of the cervical spine and right shoulder, an interferential unit, prescription medications, and physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #12 to Cervical and Right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99..

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has previously participated in physical therapy; however, there was no documentation of the previous course with evidence of objective functional improvement. As such, the request is not medically appropriate.

EMG (Electromyograph): Upheld

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): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is documentation of diminished motor strength in the right upper extremity. However, the medical necessity for bilateral upper extremity electrodiagnostic testing has not been established. As such, the current request cannot be determined as medically appropriate.

NCV (Nerve Conducting Velocity): Upheld

Claims Administrator 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 -TWC Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is documentation of diminished motor strength in the right upper extremity. However, the medical necessity for bilateral upper extremity electrodiagnostic testing has not been established. As such, the current request cannot be determined as medically appropriate.