

Case Number:	CM13-0000498		
Date Assigned:	03/05/2014	Date of Injury:	01/02/2013
Decision Date:	05/05/2014	UR Denial Date:	05/16/2013
Priority:	Standard	Application Received:	05/28/2013

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 Interventional Spine and is licensed to practice in California. 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 patient is a 44-year-old female with a date of injury of 01/02/2013. The listed diagnoses per [REDACTED] are left shoulder tendinitis, right CTS, history of left CTS, cervical strain. According to report dated 05/07/2013 by [REDACTED], the patient presents for a follow-up examination for continued bilateral wrist and shoulder complaints. Examination of the wrists revealed tenderness over bilateral carpal tunnels. Pressure provocative testing over cubital tunnel remains positive, although Tinel's is negative. Phalen's sign remains positive within 10 seconds. Examination of the shoulder revealed positive left shoulder impingement sign with moderate tenderness and crepitus noted with active shoulder motion. The patient will be scheduled for a right carpal tunnel decompression surgery. The treater is requesting an EMG/NCV of the bilateral upper extremities, MRI of the left shoulder, and retrospective dilute Kenalog injection to the left shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with bilateral wrists and left shoulder pain. The treater is requesting an EMG/NCV to the bilateral upper extremities. ACOEM Guidelines page 262 has the following regarding EMG/NCV for hand/wrist symptoms "appropriate diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." In this case, the treater is considering surgical intervention and requires a set of studies for further investigation. Review of medical records does not show this patient has had any prior studies. Recommendation is for authorization.

NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with bilateral wrists and left shoulder pain. The treater is requesting an EMG/NCV to the bilateral upper extremities. ACOEM Guidelines page 262 has the following regarding EMG/NCV for hand/wrist symptoms "appropriate diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." In this case, the treater is considering surgical intervention and requires a set of studies for further investigation. Review of medical records does not show this patient has had any prior studies. Recommendation is for authorization

MRI OF THE LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 207-208..

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with bilateral wrists and left shoulder pain. The treater is requesting an MRI of the left shoulder. Utilization review denied the request as the patient has only completed 2 physical therapy sessions to date. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." In this case, examination of the left shoulder revealed positive impingement sign with moderate tenderness. This is a suspicion

for rotator cuff/impingement syndrome. While ACOEM may apply to acute/subacute injury, this patient's injury is from Jan 2013. ODG guidelines support MRI of shoulder for suspected rotator cuff pathology/labral tear. Recommendation is for authorization

RETROSPECTIVE KENOLOG INJECTION TO THE LEFT SHOULDER (DOS 5/7/13):
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 213.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with bilateral wrists and left shoulder pain. The treater is requesting a retrospective Kenalog injection to the left shoulder. ACOEM Guidelines page 213 states "2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area, for example, impingement." ODG Guidelines on shoulder steroid injection also states "recommend up to 3 injections, steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes." In this case, the patient continues with left shoulder pain. Medical records provided for review do not show that this patient has had any prior injections. Recommendation is for approval