

Case Number:	CM13-0011878		
Date Assigned:	04/23/2014	Date of Injury:	06/30/2004
Decision Date:	06/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/15/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of June 30, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; right carpal tunnel release surgery; left carpal tunnel release surgery; right total knee replacement; left total knee replacement; left shoulder arthroscopy in 2013; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated August 13, 2013, the claims administrator denied a request for right shoulder MRI, denied request for left shoulder MRI, and denied request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator stated that there was no evidence that conservative treatment had been tried and/or failed, although the applicant was nine years removed from the date of injury. The applicant's attorney subsequently appealed in a letter dated April 30, 2014. In a progress note dated September 9, 2013, the applicant reported decreased symptoms, including left hand and wrist pain in the 2/10 range and occasional left shoulder pain, 7-8/10. The applicant reported 8/10 left knee pain. The applicant did exhibit well-preserved grip strength in the 50-pound range bilaterally. The applicant was described as status post left shoulder repair on March 20, 2013. There was no mention of any symptoms associated with the right shoulder. MRI imaging of bilateral shoulders was sought to rule out rotator cuff tear. MRI imaging of bilateral hands is also concurrently sought. Naprosyn was renewed. Electrodiagnostic of bilateral upper and lower extremities was sought to rule out radiculopathy. The applicant was placed off of work, and placed on total temporary disability. There was no mention made of issues related to neck pain, it is incidentally noted. Severe bilateral carpal tunnel syndrome was one of the stated diagnoses. The note contents were overall

quite sparse and difficult to follow. In one section of the note, it was stated that the applicant did not have any pain about the right wrist or right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The MTUS/ACOEM Guidelines indicate that MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, however, the applicant is described as asymptomatic in regards to the right shoulder. There was no mention of any signs or symptoms associated with the right shoulder. The applicant's left shoulder pain was described as occasional. There was no evidence of weakness about the shoulders or other signs of internal derangement about the same. There was no evidence mentioned, or report that the applicant was actively considering or contemplating shoulder surgery insofar as the either shoulder was concerned. Therefore, the request for MRI imaging of bilateral shoulders is not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the routine usage of nerve conduction velocity (NCV) or electromyography (EMG) in the diagnostic evaluation of nerve entrapment in individuals without symptoms is "not recommended." In this case, the applicant was described on September 9, 2013 as specifically denying pain about the right wrist or right hand. There was no mention of symptoms associated with the right wrist or right hand. The applicant's symptoms were apparently confined to the left wrist or left hand, as it was suggested on that date. In addition, there was no mention of when the last time the applicant was tested and/or what was riding on the outcome of the test. There was no mention that the applicant was actively considering or contemplating a surgical remedy, based on the results of the study in question. As noted previously, the overall documentation was sparse, as was the rationale for the test in question. Therefore, the request is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The MTUS/ACOEM Guidelines indicate that appropriate electrodiagnostic tests, including nerve conduction velocity (NCV) and/or electromyography (EMG) testing, may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, however, it is not clearly stated what was suspected. The applicant reportedly had no symptoms of neck pain on the office visit in question, September 9, 2013. There was no mention of suspected cervical radiculopathy, which might compel the electrodiagnostic testing in question. As noted previously, the applicant appeared to be asymptomatic, as far as the right upper extremity was concerned, calling into question the need for testing of the bilateral upper extremities. Therefore, the request is not medically necessary, for all of the stated reasons.