

<b>Case Number:</b>	CM13-0021211		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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:

Claimant was injured 10/2/2012 when she tripped over an electric cord. There was a fall, a blow to the head and twisting of the body with an onset of pain in the head, face neck, left shoulder arm and leg. The injure workers was then seen in urgent care later that day and was placed on work restrictions. The claimant then saw primary care where physical therapy and acupuncture treatments were initiated. Initial exam findings included restricted left shoulder mobility with pain but normal strength along with tenderness of the cervical spine with normal mobility. By 11/16/2012 cervical range of motion was restricted, with tenderness to the upper back and left shoulder with no weakness. Left wrist and forearm are tender but no tenderness localized to the navicular bone. Ranges of motion are normal for the wrists. There is a large, resolving bruise on the left leg. Sprains of the neck, left wrist and shoulder along with contusions of the left forearm and leg were offered. The claimant's symptoms improved through 4/30/2013 office visit along with slight improvement in cervical, wrist and shoulder ranges of motion. There is still no evidence for weakness. On 7/9/2013 the claimant is evaluated by the primary treating physician with complaints of headaches, neck pain, left shoulder pain, left leg pain and low back pain. There is numbness and tingling in both hands. Exam reveals restricted neck and shoulder movements, positive Spurling sign, positive left shoulder impingement sign, negative carpal tunnel sign tests, restricted low back range of motion and a positive straight leg raise test. Cervical sprain, shoulder impingement and lumbar radiculopathy are diagnosed. EMG of upper and lower extremities are ordered along with 12 visits of chiropractic care over 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-186.

**Decision rationale:** Neck and Upper Back Complaints ACOEM Practice Guidelines, MRI is considered in the treatment algorithm in claimants following EMG studies that indicate evidence of nerve root dysfunction. Given the above the request is not medically necessary or appropriate.

**EMG OF THE BILATERAL UPPER EXTREMITY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 847.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-186.

**Decision rationale:** Shoulder Complaints ACOEM Practice Guidelines allows for EMG of the upper extremities in cases where significant radiating symptoms persist in the arms for greater than 4-6 weeks to identify "subtle, focal neurologic dysfunction..." The claimant has pain, numbness and tingling of the arms without obvious radiculopathy on physical exam that persists beyond 6 weeks despite appropriate care.

**EMG OF THE BILATERAL LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 847.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 303-313.

**Decision rationale:** Shoulder Complaints ACOEM Practice Guidelines allows for EMG of the lower extremity in claimants with sciatica persisting beyond 4-6 weeks without an obvious nerve root dysfunction on physical exam. The claimant has unexplained radiating leg pain with a positive straight leg raise test without other definitive findings of radiculopathy.

**CHIROPRACTIC THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, TO THE NECK, LEFT SHOULDER, AND LEFT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Manipulation is allowed for neck and low back complaints in MTUS but frequency and duration includes up to six visits over two weeks with additional treatments based upon evidence of objective functional improvement. MTUS does not recommend for forearm, wrist and hand complaints and is silent in the shoulder complaint. ODG allows up to 9 visits over 8 weeks for shoulder sprains.