

<b>Case Number:</b>	CM13-0025746		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/09/2003
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 49 year-old male sustained an injury on 1/9/03 while employed by [REDACTED], [REDACTED]. Requests under consideration include EMG, NCV, and Consult w/ [REDACTED] for Right Shoulder. Report dated 7/23/13 from [REDACTED] noted the patient with cervical neck, mid back, low back, right hand/wrist, bilateral upper and lower extremity radicular pain. He has continued right shoulder pain awaiting referral for shoulder surgery and approval for EMG/NCV. Exam showed cervical spine spasm, pain and decreased range of motion (no planes or degree specified), tenderness. Exam of right shoulder revealed positive impingement sign, painful range of motion with ff to 150 degrees, abduction 100 degrees, and tenderness to palpation at AC joint. Exam of lumbar spine showed healed surgical incision, spasms, painful limited range of motion (no planes or degree specified), positive Lasegue bilaterally, positive SLR bilaterally to 60 degrees, motor weakness at 4/5 bilaterally (No muscles identified), and pain at L4-5 and L5-S1. Diagnoses include s/p multiple lumbar fusions (fusion with cage fixation of L4-5 and L5-S1 in 2004 and decompression and posterolateral fusion of L3-S1 in 2006); lumbar discogenic disease; lumbar radiculopathy; chronic low back pain; s/p cervical fusion C4-C7 (2007); cervical discogenic disease, cervical radiculopathy; rule out myelopathy; thoracic discogenic disease; right shoulder impingement syndrome with tendinosis; right wrist deQuervain's tenosynovitis; right hand and wrist contusion, unresolved; and arthritis of right hand. Plan for EMG/NCV of bilateral upper and lower extremities, repeat urine screen as test on 4/30/13 did not show his Oxycodone and Cymbalta; home exercise and walking program and remains TTD; right shoulder surgery refer to [REDACTED] and H-wave trial. AME re-evaluation report dated 1/29/13 from [REDACTED], [REDACTED] noted patient with chronic radicular neck and low back symptoms. Exam showed decreased sensation in u



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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Consult w/ [REDACTED] for Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** This 49 year-old male sustained an injury on 1/9/03 while employed by [REDACTED]. Report dated 7/23/13 from [REDACTED] noted the patient with cervical neck, mid back, low back, right hand/wrist, bilateral upper and lower extremity radicular pain. He has continued right shoulder pain awaiting referral for shoulder surgery and approval for EMG/NCV. Exam of right shoulder revealed positive impingement sign, painful range of motion with ff to 150 degrees, abduction 100 degrees, and tenderness to palpation at AC joint. Diagnoses include s/p multiple lumbar fusions (fusion with cage fixation of L4-5 and L5-S1 in 2004 and decompression and posterolateral fusion of L3-S1 in 2006); lumbar discogenic disease; lumbar radiculopathy; chronic low back pain; s/p cervical fusion C4-C7 (2007); cervical discogenic disease, cervical radiculopathy; rule out myelopathy; thoracic discogenic disease; right shoulder impingement syndrome with tendinosis; right wrist deQuervain's tenosynovitis; right hand and wrist contusion, unresolved; and arthritis of right hand. AME re-evaluation report dated 1/29/13 from [REDACTED], [REDACTED] noted patient with chronic radicular neck and low back symptoms. Exam showed decreased sensation in upper C6-T1 and lower extremities at L4-S1 dermatomes with spasm. The patient has been declared P&S in the past and continues with symptomatic pain. No changes are needed from his previous report recommended regarding the injury to his cervical and lumbar spine. There is no mention for any shoulder injury or treatment recommendation. Per AME report, there is no future medical provision for any injury, diagnosis, or clinical treatment related to the shoulder. Although exam of right shoulder showed limited range and tenderness with positive impingement sign, there are no neurological deficits in motor strength or sensory deficit in the upper extremity along with clear remarkable provocative testing for a surgical consultation. The Consult w/ [REDACTED] for Right Shoulder is not medically necessary and appropriate.