MAXIMUS Federal Services

Case Number:	CM13-0032287		
Date Assigned:	12/11/2013	Date of Injury:	09/29/2009
Decision Date:	03/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Practice 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:

The patient is a 60-year-old female who reported an injury on 06/19/2009, secondary to a fall. The patient reported 7/10 right elbow pain with numbness and tingling as well as 8/10 left shoulder pain and 9/10 low back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness at the left acromioclavicular joint and supraspinatus tendon, positive impingement sign, painful range of motion, 4/5 rotator cuff strength, guarding and muscle spasm with tenderness to palpation of the lumbar spine, and positive Phalen's testing and bilateral wrists. Treatment recommendations included continuation of current medications, a bilateral elbow brace, an authorization request for an EMG/NCV of bilateral upper extremities and a request for authorization for an MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder magnetic resonance imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 18, 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the patient's physical examination of the left shoulder only revealed tenderness to palpation with 4/5 rotator cuff strength. There is no documentation of a recent failure to respond to conservative treatment. There is no evidence of a significant change in the patient's physical examination, nor the emergence of a red flag. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

EMG of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-179.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex test, 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, the patient's physical examination only revealed positive Phalen's testing in bilateral wrists. The patient is status post right carpal tunnel release in 2011 and left carpal tunnel release in 2010. It is noted on the physician progress report by [redacted] on 09/03/2013, the patient's EMG/NCS for bilateral upper extremities indicated normal findings of the EMG with moderate right sensory neuropathy at the wrist and mild left median sensory neuropathy at the wrist. The medical necessity for repeat electro diagnostic studies has not been established. There is no evidence of a progression of the patient's symptoms or physical examination findings. Based on the clinical information received, the request is non-certified.

NCS of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178, 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex test, 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, the patient's physical examination only revealed positive Phalen's testing in bilateral wrists. The patient is status post right carpal tunnel release in 2011 and left carpal tunnel release in 2010. It is noted

on the physician progress report by [redacted] on 09/03/2013, the patient's EMG/NCS for bilateral upper extremities indicated normal findings of the EMG with moderate right sensory neuropathy at the wrist and mild left median sensory neuropathy at the wrist. The medical necessity for repeat electrodiagnostic studies has not been established. There is no evidence of a progression of the patient's symptoms or physical examination findings. Based on the clinical information received, the request is non-certified.