

Case Number:	CM13-0034444		
Date Assigned:	12/06/2013	Date of Injury:	02/05/2008
Decision Date:	02/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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 53-year-old female who reported an injury on 02/05/2008 due to cumulative trauma performing repetitive duties involving her wrists, hands, elbows, shoulders, and neck. The patient complained of persistent right upper extremity pain. The patient underwent an electrodiagnostic study that revealed findings consistent with cervical radiculopathy, carpal tunnel syndrome, and cubital tunnel syndrome. The patient ultimately underwent anterior cervical discectomy and interbody fusion at C5-6 in 09/2012. The patient also underwent surgical intervention for her cubital tunnel syndrome. The patient's most recent clinical exam findings included restricted range of motion of the cervical spine, tenderness to palpation over the thoracic paraspinal musculature, a surgical scar at the medial aspect of the right elbow, and no deformities of the right wrist; however, generalized swelling and tenderness to palpation over the volar aspect is documented. The patient had a negative Phalen's, Finkelstein, and Tinel's test. The patient's diagnoses included cervical radiculopathy, cervical strain, carpal tunnel syndrome, shoulder strain, depression, and trigger finger. The patient's treatment plan included cold therapy application, continuation of a home exercise program, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Right Shoulder: Upheld

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

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

Decision rationale: The requested x-ray of the right shoulder is not medically necessary or appropriate. The clinical documentation does provide evidence that the patient has persistent shoulder pain. American College of Occupational and Environmental Medicine recommends imaging studies when there are persistent pain complaints, suspicion of internal derangement, and the need for surgical planning. The clinical documentation submitted for review does not provide any evidence of suspicion of internal derangement or the need for surgical planning. As such, the requested x-ray of the right shoulder is not medically necessary or appropriate.

MRI of Right Shoulder: Upheld

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

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

Decision rationale: The requested MRI of the right shoulder is not medically necessary or appropriate. The clinical documentation does provide evidence that the patient has persistent shoulder pain. American College of Occupational and Environmental Medicine recommends imaging studies when there are persistent pain complaints, suspicion of internal derangement, and the need for surgical planning. The clinical documentation submitted for review does not provide any evidence of suspicion of internal derangement or the need for surgical planning. As such, the requested MRI of the right shoulder is not medically necessary or appropriate.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The requested EMG of the left upper extremity is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of deficits of the left upper extremity that would require electrodiagnostic testing. American College of Occupational and Environmental Medicine states, "In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrodiagnostic studies may be indicated." The clinical documentation submitted for review does not provide any deficits that support peripheral nerve impingement of the left upper extremity. Therefore, electrodiagnostic studies of the left upper extremity would not be supported. As such, the requested EMG of the left upper extremity is not medically necessary or appropriate.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The requested NCV of the left upper extremity is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of deficits of the left upper extremity that would require electrodiagnostic testing. American College of Occupational and Environmental Medicine states, "In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrodiagnostic studies may be indicated." The clinical documentation submitted for review does not provide any deficits that support peripheral nerve impingement of the left upper extremity. Therefore, electrodiagnostic studies of the left upper extremity would not be supported. As such, the requested NCV of the left upper extremity is not medically necessary or appropriate.