Case Number:	CM13-0039358		
Date Assigned:	12/18/2013	**Date of Injury:**	10/16/2011
Decision Date:	09/18/2014	**UR Denial Date:**	09/23/2013
Priority:	Standard	**Application Received:**	10/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 62-year-old female who reported an injury on 10/16/2011 with the mechanism of injury not provided within the documentation. In the clinical note dated 10/22/2013, the injured worker complained of right-sided pain and right arm pain with numbness in her right 3rd, 4th, and 5th fingers. The physical examination of the right shoulder revealed passive range of motion forward flexion 140 degrees, abduction 120 degrees, external rotation 90 degrees, internal rotation 60 degrees with a positive impingement test, equivocal Speed's, equivocal Yergason's. While the injured worker was supine with her shoulder externally rotated and with anterior translation, she had posterior shoulder pain. Muscle strength was noted at 5/5. The physical examination of the cervical spine revealed forward flexion 1 inch chin to chest, extension 50 degrees, rotation to the right 30 degrees, rotation to the left 40 degrees, lateral bending to the left 30 degrees, lateral bending to the right 45 degrees with direct palpation through the right paracervical muscles, right trapezius muscles, medial to the right scapular border, it was noted there was tenderness with spasming and guarding. It was noted that the injured worker had normal sensation to touch of the upper extremities and grip strength on the right and left were noted at 5/5. The diagnosis included rotator cuff repair to the right, long head of the biceps tenotomy, cephalalgia, and right AC joint arthrosis status post Mumford procedure. Prior treatments and their efficacy were not annotated within this documentation. The treatment plan included a request for a new nerve conduction test and consideration of an MRI to the right shoulder. The injured worker was to return to normal work activities. The request for authorization for electromyogram (EMG) and nerve conduction studies of the right upper extremity and magnetic resonance imaging without contrast for the right shoulder with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

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

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that for most injured worker's presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most injured workers improve quickly provided red flag conditions are ruled out. Exceptions include in the case of wrist injury with snuffbox (radial dorsal wrist) tenderness but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. An acute injury to the metacarpophalangeal joint of the thumb, accompanied by tenderness on the ulnar side of the joint and laxity when that side of the joint is stress (compared to the other side), may indicate a gamekeeper thumb or rupture of the ligament at the location. In the clinical notes provided for review, it was noted that the injured worker had normal muscle strength and normal sensation to upper extremities. The documentation also lacked evidence of the duration and pain level status of the injured worker to warrant further examination of the upper extremities. It was noted that the injured worker had already undergone a nerve test; however, the results of the nerve test were not indicated within the clinical documentation. Therefore, the request for electromyogram (EMG) and nerve conduction studies of the right upper extremity is not medically necessary.

Magnetic resonance imaging without contrast, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most injured worker's improve quickly, provided red flag conditions are ruled out. Primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indicates of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult, or neurovascular dysfunction (e.g., cervical problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomena), failure to progress in a strengthening program intending to avoid surgery, and clarify of the anatomy

prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In the clinical notes provided for review, the physical examination of the right shoulder did reveal a positive impingement test; however, it was not indicated that this was physiologic evidence of tissue insult or neurovascular dysfunction. There also lacked evidence of the injured worker failing to progress in a strengthening program and other measures of conservative care, such as physical therapy, home exercise program, and use of NSAIDs. Therefore, the request for a magnetic resonance imaging without contrast, for the right shoulder is not medically necessary.